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Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinion, editorials, forum, professional, and clinical matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission please contact: Janice Marie Hores, Managing Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC 20372-5300. Email: Janice.Hores@med.navy.mil.

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COVER: VADM Adam M. Robinson, Jr., MC, USN, 36th Surgeon General of the Navy and 40th Chief of the Bureau of Medicine and Surgery.

We Want Your Opinion

Letters to the Editor are welcome. Please let us know what you think about *Navy Medicine*. Please send letters to: Janice Marie Hores, Managing Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC, 20372-5300 or Janice.Hores@med.navy.mil.

Online issue of *Navy Medicine* can be found at the GPO website http://permanent.access.gpo.gov/

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Navy Dental Corps Turns 95

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Adam M. Robinson, Jr., Selected as 36th Surgeon General of the Navy

VADM Robinson, a native of Louisville, KY, entered the Navy in 1977. He holds an MD degree from the Indiana University School of Medicine, Indianapolis, which he earned through the Armed Forces Health Professions Scholarship Program. He was commissioned following completion of his surgical internship at Southern Illinois University School of Medicine, Springfield.

Dr. Robinson's first assignment was as a general medical officer, Branch Medical Clinic, Fort Allen, Puerto Rico, before reporting to the National Naval Medical Center, Bethesda, MD, in 1978 to complete a residency in general surgery. His subsequent duty assignments included: staff surgeon, U.S. Naval Hospital, Yokosuka, Japan, and ship's surgeon, USS *Midway* (CV-41).

After completing a fellowship in colon and rectal surgery at Carle Foundation Hospital, University of Illinois School of Medicine (1984-85), Dr. Robinson reported to the National Naval Medical Center, Bethesda, as the head of the colon and rectal surgery division. While there, he was called to temporary duty in 1987 as ship's surgeon aboard USS *John F. Kennedy* (CV-67) and in 1988 as ship's surgeon aboard USS *Coral Sea* (CV-43).

Dr. Robinson reported to Naval Medical Center, Portsmouth, VA, in 1990 as the head of the general surgery department and director of the general surgery residency program. He was appointed acting medical director for the facility in 1994. While there, he earned a Master's degree in business administration from the University of South Florida. In 1995, he reported to the commander, Naval Surface Force, U.S. Atlantic Fleet, as the force medical officer, serving in that capacity for 2 years. Following that assignment, he reported to Naval Hospital Jacksonville in 1997 as the executive officer. In January 1999, as Fleet Hospital Jacksonville CO, Dr. Robinson commanded a detachment of the fleet hospital as a medical contingent to Joint Task Force Haiti (Operation New Horizon/Uphold Democracy).

In August 1999, he reported to the Bureau of Medicine and Surgery (BUMED) as director of Readiness and was selected as the Principal Director, Clinical and Program Policy in the Office of the Assistant Secretary of Defense for Health Affairs in September 2000, where he also served as the Acting Deputy Assistant Secretary of Defense for Health Affairs, Clinical and Program Policy. Dr. Robinson was assigned as CO, U.S. Naval Hospital Yokosuka from September 2001 to January 2004, after which he was assigned back to BUMED as Deputy Chief for Medical Support Operations with additional duty as acting Chief of the Medical Corps.

VADM Robinson holds fellowships in the American College of Surgeons and the American Society of Colon and Rectal Surgery. He is a member of the Le Société Internationale de Chirurgie, the Society of Black Academic Surgeons, and the National Business School Scholastic Society, Beta Gamma Sigma.

VADM Robinson's personal decorations include the Legion of Merit (two awards), the Defense Meritorious Service Medal (two awards), the Meritorious Service Medal (three awards), the Navy Commendation Medal, the Joint Service Achievement Medal, the Navy Achievement Medal, and various service and campaign awards.

Chiefs of BUMED/ Surgeon General Quiz

1. The title "Surgeon General of the U.S. Navy" was created by an act of Congress on 3 March 1871. Prior to this, the top doctor of the Navy was known as the "Chief of the Bureau of Medicine and Surgery." Who was the first Surgeon General?

2. How many ships have been named after Surgeons General of the Navy?

3. While serving as Surgeon General, how many Navy physicians also acted as White House physicians?

4. Match the Chief of BUMED/Surgeon General to the U.S. President.

Thomas Harris	Franklin D. Roosevelt
Jonathan Foltz	Theodore Roosevelt
Presley Rixey	James Buchanan
Ross McIntire	Andrew Jackson

5. Match the Chief of BUMED/Surgeon General to the war and conflict they served in?

Thomas Harris	Civil War
William Wood	War of 1812
Percival Rossiter	Mexican War
Donald Arthur	Gulf War
Michael Cowan	Somalia
Donald Custis	Philippine Insurrection
James Palmer	World War II

6. The first Chief of the Bureau of Medicine and Surgery, this physician was a noted botanist and professor of Materia Medica. A father of 14 children, his colleagues would often kid that his middle initials "P.C." stood for "Plenty of Children." Who was he?

7. Who was the only foreign born Surgeon General?

8. How many Surgeons General are buried in Arlington Cemetery?

9. From 1844 to the present, most Chiefs of the Bureau of Medicine and Surgery/Surgeon General have come from what state?

10. Who is the first Surgeon General to appear in a film?

11. Notable cruises. Match the Chief of BUMED/Surgeon General to the famous voyage.

William Barton	USS *Hartford* (Battle of Mobile Bay)
James Palmer	Wilkes Expedition
Jonathan Foltz	USS *Brandywine* (Last voyage of Lafayette)
Phineas Horwitz	USS *Niagara* (Laying of the Transatlantic Cable)

12. At only 43, this physician was the youngest and most junior person ever to serve as Chief of BUMED.

13. Who is the first one-star Surgeon General?

14. Who is the first two-star Surgeon General?

15. Who is the first three-star Surgeon General?

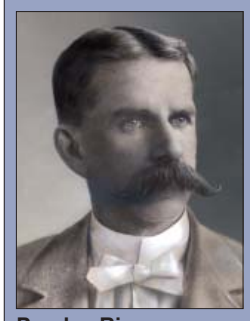
16. What is the longest tenure for a Chief of BUMED/Surgeon General?

A.) 3 years
B.) 8 years
C.) 12 years
D.) 16 years

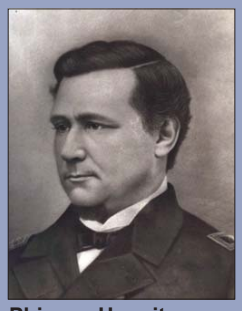
17. Who had the shortest tenure in office?

A.) 18 days
B.) 36 days
C.) 6 months
D.) 1 year

(Answers on page 33)


Presley Rixey


Charles Stokes


Phineas Horwitz


William Barton


Jonathan Foltz

Navy Medicine Prepares to Implement NSPS

In March 2008 Navy medicine will convert appropriated fund general schedule (GS) employees not covered by a bargaining unit (union) to the National Security Personnel System (NSPS). Navy medicine GS employees, both CONUS and OCONUS, will convert to NSPS in March 2008. Due to challenges in the court system by national labor organizations, employees in positions which are covered under current collective bargaining agreements will not be included in the March 2008 conversion. Further court actions will determine when a full conversion will take place.

Planning and preparation for the conversion to NSPS are well underway. NSPS working groups have been designated both at headquarters and at Navy medicine field activities. Regional Introductory Conferences for senior leaders and activity working group team members providing an overview of the NSPS conversion process were held during July and August 2007 in the National Capital Area; Bremerton, WA; San Diego, CA; Portsmouth/Norfolk, VA; and Jacksonville, FL. Training on NSPS for managers and supervisors, military and civilian, and converting employees will be provided beginning in the fall of 2007. Schedules are currently being developed.

The Bureau of Medicine and Surgery (BUMED) has contracted with SI International and its partner, Dougherty & Associates, Inc., to conduct the required NSPS training for all activities to ensure quality and consistency of the NSPS training. Building on the lessons learned by Department of Defense (DOD) activities which have already converted to NSPS, Navy medicine is on course to a civilian personnel management system designed to enhance flexibility, accountability, and results.

Background

The 9/11 attacks on America forever changed the defense posture of the nation and DOD. In light of this new defense posture, the Department of Defense felt required to transform the current human resources system in order to provide a more flexible personnel system to hire, assign, promote, and compensate the Department's civilian work force. Ultimately, this will create a more modern and agile work force.

The National Defense Authorization Act for Fiscal Year 2004 allows DOD to establish a more responsive civilian human resource system to enhance the Department's ability to execute its national security mission.

NSPS is a new human resources management system designed to better meet the national security challenges of the 21st century. DOD's vision is to implement a human capital management system that is high performing, efficient, understandable, and properly aligned with our national defense mission. NSPS includes an enhanced human resources system covering staffing, work force shaping, classification, compensation (pay banding), and performance management (performance-based pay); the labor relations system and new adverse actions and appeals processes are currently enjoined and are not being implemented at this time.

"NSPS accelerates Navy medicine's efforts to create a total force of military, civilian, and contractor personnel operating as one cohesive unit in order to provide for the force health protection and promotion of our sailors, Marines, our families, and our retirees," stated VADM Adam M. Robinson, Navy Surgeon General and Chief, Bureau of Medicine and Surgery. "The successful implementation of NSPS by Navy medicine will require the combined effort of both our military and civilian supervisors."

Why NSPS

NSPS is being implemented for several reasons:

- To advance DOD's critical national security mission;
- To improve our ability to respond swiftly and decisively to national security threats and other missions;
- To accelerate DOD's efforts to create a total force;
- To enhance our ability to retain and attract talented and motivated employees committed to excellence;
- To compensate and reward employees based on performance and mission contribution; and
- To expand DOD's ability to hire more quickly and offer competitive salaries.

NSPS has been designed to achieve these goals while:

- Respecting the individual and protecting rights guaranteed by law, especially veterans benefits;
- Valuing talent, performance, leadership, and commitment to public service;
- Being flexible, understandable, credible, responsive, and executable;
- Ensuring accountability at all levels;
- Balancing human resources interoperability with unique mission requirements; and
- Being competitive and cost-effective.

For those civilian workers who will not convert to NSPS in March 2008, it is important for them to understand that many of the NSPS principles of performance improvement and the enhanced employee-supervisor relationship can be applied to their current performance goals and objectives and career development. It is also important that they understand the current awards program (cash, time-off, QSI, etc) will still remain in place.

How You Can Prepare For NSPS Now

Managers, supervisors, and employees are encouraged to take NSPS 101, a 1-hour, online introduction to NSPS. A

link to NSPS 101 can be found on the new Navy medicine NSPS website, reachable through the Navy Medicine Online home page at http://navymedicine.med.navy.mil/. The NSPS link is at the bottom of the navigation list on the left-hand column of the web page.

NSPS Training Required

Currently Navy medicine plans to implement three required NSPS classroom training courses. Managers and supervisors—military and civilian—will be required to take Navigating NSPS for Supervisors. This 2-day course teaches supervisors what they need to know to be successful under NSPS.

Civilian non-bargaining unit GS employees will take Navigating NSPS for Employees. This course explains the core elements and goals of NSPS and how conversions will happen. It explains the new classification architecture and how hiring, staffing, and compensation will work. It walks through the performance management cycle, including performance plans, how performance will be rated, and how to be successful under NSPS.

Pay pool members and support staff will take Introduction to Pay Pool Management, a 2 to 2½-day course. This highly interactive course discusses how the pay pool process works and gives participants a chance to practice conducting pay pool meetings. The course walks participants through each phase in the process, and gives them activities related to that phase. Throughout the course, attendees play the roles of the rating official, second level supervisors, pay pool panel member, pay pool panel manager, and pay pool panel advisor. The greatest amount of time is spent in running through a mock pay pool process, using data from a fictitious organization. Participants learn by doing in this course. In particular, they learn how to reconcile ratings to ensure consistency and fairness across the members of the pay pool and how to reconcile ratings against the standards for different performance levels.

Conclusion

NSPS will create a more responsive and flexible DOD and Department of the Navy (DON) civilian workforce. NSPS will transform the Navy and Marine Corps civilian personnel culture to embed more high performance drivers and behaviors, and will serve as a major pillar in the DON's Human Capital Strategy. This culture change provides a huge opportunity to accomplish the strategic alignment of performance goals for mission accomplishment for all employees, regardless of when they convert to NSPS. These goals will be aligned and interpreted by employees at all levels so everyone knows precisely where they fit into the organization and how individual accomplishments support the DON national security mission.

Implementing NSPS for Navy medicine is a demanding challenge, but one which must be met, and which provides great benefits for our mission and our customers: Navy and Marine Corps service members and their families. Stay tuned for additional articles which will highlight significant milestones as the March 2008 NSPS conversion date for Navy medicine approaches.

The Society for the History of Navy Medicine (Established May 2006)

Vision Statement:

The Society for the History of Navy Medicine is an international association of people interested in the history of all aspects of medicine as it relates to the maritime environment.

Mission Statement:

The mission of the Society is to promote the study, research, and publication of all aspects of maritime medicine.

The Society will be a means of "mutual support" and communication for people of all countries—civilian, military, academic, independent scholar, medical practitioner—who are interested in the topic.

Joining the Society:

Anyone wishing to join the Society should e-mail CAPT Thomas Snyder, MC, USNR (Ret.) at thomaslsnyder@gmail.com. In your message please include your name, rank (if military), and list any specific interest/specialty you might have in Navy medical history (e.g., Civil War medicine, Navy nursing, hospital ships, hygiene, etc.)

Call for Papers—2008 Meeting

The Society for the History of Navy Medicine invites submission of abstracts for papers for its Second Annual Papers Session, to be held during the 10–13 April 2008 meeting of the American Association for the History of Medicine, in Rochester, NY.

Papers may address any aspect of the history of medicine as it relates to navies and/or the maritime environment (including air, space, and sub-surface). Historians, graduate students, and medical practitioners are encouraged to submit proposals.

Deadline for submission of your 250-word abstract is 15 November 2007. Electronic submission is preferred, to thomaslsnyder@gmail.com. Hard copy submission by the same deadline may be sent to:

Thomas L. Snyder, MD
CAPT, MC, USN (Ret.)
Executive Director
The Society for the History of Navy Medicine
131 El Camino Real
Vallejo, CA 94590-3464

Navy Begins Construction of First-Ever Joint Health Care Facility

Officials from the Navy, Department of Veterans Affairs (VA), and federal and local government joined in a ceremonial groundbreaking at Great Lakes 2 July for the first-ever joint Navy-VA Federal Health Care Facility (FHCF).

Naval Facilities Engineering Command (NAVFAC) Midwest is working with Joseph J. Henderson & Son, Inc., of Gurnee, IL, on the first phase of construction. The facility will be the first to use a completely integrated Navy-VA staff to treat recruits, active-duty service members, retirees, family members, and veterans. "Today we mark the beginning of construction that will eventually produce a first-of-its-kind facility," said CAPT Bob Gibbs, CO of NAVFAC Midwest. "In building the new parking and utilities infrastructure for this facility, we set the stage for the physical merger of two very capable medical centers into one comprehensive, efficient, state-of-the-art hospital.

We are laying the groundwork, literally, for the best medical care our nation can provide to our service members, retirees, veterans, and their family members. "This effort underlines the fact that the Navy considers its people--past and present—to be its most valuable resource," said Gibbs.

Naval Health Clinic (NHC) Great Lakes is gradually merging operations with the existing VA staff and facilities. This will provide a full range of modernized medical and support resources for patients while at the same time eliminating costly duplications that currently exist between the two nearby medical facilities. The overall FHCF is planned for completion in 2010, and is expected to save approximately $160 million over the projected 40-year life span of the facility. "This truly is a unique endeavor," said CAPT Thomas McGue, CO of NHC Great Lakes. "When you look at where we were and where we have gone, this is definitely not your father's VA," said Patrick Sullivan, director of the North Chicago VA Medical Center. "Who would have thought that in our operating rooms today we would have Navy surgeons working alongside VA nurses and other support staff, and that we would also have kids being treated here?

"And let's not forget about the young men and women who are fighting in Iraq, Afghanistan, and so many other places around the world to ensure we are safe at home," added Sullivan. "As they are answering the call, so must we ensure they receive the best possible care when they return home."

Construction under the $16 million contract, awarded 25 May, includes a staff parking area, four-story parking garage for patients, new site entryway, traffic light on Green Bay Road, and utility work to prepare for the eventual addition of a new wing to the current North Chicago VA Medical Center. Completion of the parking and infrastructure project is expected in June 2008.

–Story by Bill Couch, Naval Facilities Engineering Command Midwest Public Affairs.

Service Members, Vets Cite Need for Recovery Coordinators

The Defense Department (DOD) and the Department of Veterans Affairs (VA) are partnering with other government and non-government agencies to find ways to improve the lives of severely injured service members and veterans, officials said in July.

DOD and VA officials agree that the concept of a full-time patient-recovery coordinators would greatly help severely wounded warriors and veterans access needed services, Lynda C. Davis, Deputy Assistant Secretary of the Navy for military personnel policy, told American Forces Press Service.

Davis and Kristin A. Day, the VA's acting national social work director, co-chair the case management reform action group, which collaborates with military family members, government agencies, veterans service organizations and private groups.

Davis and Day hosted a joint Defense Department/Veterans Affairs 26-27 July meeting at the Pentagon that addressed non-clinical care management issues affecting severely wounded service members and veterans, such as coordination of benefits and disability, access to housing, transportation, rehabilitative care, occupational therapy, employment, education, and more. "It's everything in a person's life that's needed to make their recovery complete that is not the strictly medical side," Davis said.

A previous summit in May addressed what was needed in the clinical realm, she added, such as information technology and training requirements, including discussion of needed policy changes.

This March, President Bush established the Presidential Commission on Care for America's Returning Wounded Warriors after the *Washington Post* disclosed patient-care shortfalls at Walter Reed Army Medical Center. The commission, chaired by former Sen. Robert J. Dole and former Health and Human Services Secretary Donna E. Shalala, examined the overall state of the military's healthcare system and care for veterans. The commission released its findings 25 July. One of the commission's recommendations is to develop a recovery plan for seriously injured service members and to assign recovery coordinators or case managers to severely wounded service members and veterans to help them access benefits and ongoing care.

This person would complement the many current care providers and be "a consistent resource that is with the individual service member and the family across the full continuum of their care from the point of acute care in a hospital in the DOD

to the recuperation phase in the VA hospital, to the time when they'll live most of their life back in their community."

Officials now are examining what type of standardized training recovery coordinators would require, Davis said, as well as closely examining requirements to determine an efficient, integrated recovery-care plan for injured military veterans.

Officials envision that VA recovery coordinators, known as transition patient advocates, would begin to interface with their service member clients when they're still being treated in military hospitals, Day said. The VA has hired more than 80 of 100 patient transition advocates over the past few months, Day pointed out. "If the patient's home is in Kansas City, for example, the transition patient advocate will be notified by the VA liaison at the DOD facility and will travel to the patient, introduce themselves, and start a relationship," Day explained. "It's very important to have somebody understand your whole story, to have been there with you [through] everything you've been through."

VA patient advocates "will literally be at the kitchen table each step of the way" as veterans begin rebuilding their lives in their home towns, Day said. Up to now, wives or husbands often managed their veteran-spouses' recovery needs, with mixed results, Day said. "The families, right now, have to navigate all of these systems, and it's overwhelming. We're going to do that for them."

MAJ Peter Ortell, USMC, hometown link coordinator for the Marine for Life program, who attended the Pentagon summit meeting, said military and veterans' families have cited the need for a dedicated recovery advocate. "They want a single resource or point of contact they can go to, so that they do not have to learn the entire system themselves and become their own advocates," Ortell pointed out. Wounded warriors and veterans already "have a whole slew of stressors," Ortell also noted that "having more stress by having to navigate this huge medical system just adds more stress."

–Story by Gerry J. Gilmore, American Forces Press Service, Washington, DC.

Brisbane, Australia. HM2 Rolando Samortin dances with a resident of Wesley Mission elderly home. USS *Tortuga* (LSD-46) sailors visited the home during a 4-day port visit in June. Photo by MC Brandon Myrick, USN.

VA To Construct New $5.4 Million Clinic

To provide easier access for Guam's veterans to the world-class healthcare of the Department of Veterans Affairs (VA), the Department has announced plans to construct a new $5.4 million clinic on the periphery of the island's naval hospital. "Since World War II, the young men and women of Guam have served in every conflict that has confronted this nation, including the global war on terror," said Secretary of Veterans Affairs Jim Nicholson. "This new facility is tangible proof of our determination to honor our commitment to those veterans."

The plan approved by Nicholson calls for a 6,000-square-foot outpatient clinic next to the grounds of the naval hospital, with its own parking area. Patients will not have to pass through Navy security to get to the facility. The new clinic is scheduled to open in the summer of 2009.

The new outpatient clinic replaces the existing 2,700-square-foot VA clinic at the naval hospital. VA will still partner with the naval facility for emergency and after-hours healthcare, acute inpatient care, and some specialty services. About 9,000 veterans live on the island. The existing clinic employs a staff of 11, including an internal medicine physician, psychiatrist, and nurse practitioner. It provides primary care, mental healthcare, limited specialty services, and physical examinations for VA's compensation and pension benefits.

During the Vietnam War, Guam had more casualties per capita than any state in the Union. Since 1989, VA has operated a clinic at the naval hospital. Residents receive about $15 million annually in VA disability compensation and pensions, plus home loan guarantees, educational assistance, vocational assistance, and other VA programs.

With 155 hospitals and more than 700 community-based outpatient clinics, VA operates the largest integrated healthcare system in the country. VA's healthcare budget of more than $34 billion this year will provide healthcare to about 5.5 million people during nearly 800,000 hospitalizations and 60 million outpatient visits.

–Veteran Affairs Press Release, July 2007.

If you would like to be on the electronic mailing list and receive the magazine in PDF format, please contact Janice Marie Hores, Managing Editor, at Janice.Hores@med.navy.mil or 19native47@verizon.net

VA Researchers Develop New Prosthetic Ankle

Veterans with lower-leg amputations can look forward to having a prosthetic ankle-foot that matches their natural ease of motion, thanks to research funded by the Department of Veterans Affairs (VA) and conducted by researchers from the Department and two of the nation's top universities. "Veterans are entitled to the best this nation has to offer, and at VA, we're constantly redefining the meaning of best," said Secretary of Veterans Affairs Jim Nicholson. "This new ankle-foot prosthetic is another example of VA's medical innovations for veterans that will benefit all Americans."

Researchers say the new ankle-foot prosthesis is the first in a new family of artificial limbs. It will replicate natural motion by propelling people forward using tendon-like springs powered by an electric motor. Through VA-funded research, the Center for Restorative and Regenerative Medicine, a partnership between the Providence VA Medical Center in Rhode Island, Brown University, and Massachusetts Institute of Technology, developed the new prosthesis. The center's goal is to restore natural function to amputees.

VA expects to spend more than $1.2 billion this year on prosthetics and sensory aids, which includes glasses and hearing aids. The Department operates about 60 orthotic-prosthetic labs across the country that fabricate, fit, and repair artificial limbs or oversee limbs provided by commercial vendors.

–Veteran Affairs Press Release, July 2007.

Navy Medical Center San Diego Presents Fisher House II

Navy Medical Center San Diego (NMCSD) broke ground 15 June for the Fisher House II, which will be adjacent to the current Fisher House at NMCSD.

The approximately 8,000-square-foot Fisher House II will have 11 rooms and will cost $4 million to build. According to the Fisher House website, the Fisher House program is a unique private-public partnership supporting American military personnel in their time of need by providing a home away from home that allows family members to be near a loved one during hospitalization.

There are 37 Fisher Houses located on 18 military installations and eight Veterans Administration medical centers across the United States and in Germany. The Fisher House Program was founded in 1990 by Zachary and Elizabeth M. Fisher who dedicated more than $20 million to the construction of comfort homes for the families of hospitalized military personnel.

"We are reminded daily about our duty to pay tribute to those whose dedication to duty and passion for this country have left them ill, or injured and hospitalized," said Dave Coker, president of the Fisher House Foundation. "We have been able to help thousands in need because the exceptional generosity of others."

"There is a need to have ample Fisher House rooms for military families to be close to their loved ones during their recuperation, and it's a privilege for us to be a part of this and make this happen," said David J. McIntyre Jr., president and chief executive officer of TriWest Healthcare Alliance.

–Story by MC Seaman Shannon K. Cassidy, Pacific Fleet Public Affairs.

Navy Medicine Support Command Ensures Reservists Practice Medicine

The Executive Committee for Medical and Dental Staff (ECOMS/DS) held a monthly meeting here recently to review the credentials files of Navy Reserve practitioners. This committee, consisting of both reserve and active duty medical staff officers, serves one of Navy medicine's most important functions—recommending a medical practitioner for independent service in one of hundreds of military healthcare clinics and hospitals worldwide.

NMSC's Centralized Credentialing and Privileging Department (CCPD), the host of the ECOMS/DS, has a unique mission of supporting the Navy Surgeon General/Chief, Bureau of Medicine and Surgery in the management and maintenance of individual credential files (ICFs) for the Reserve healthcare providers.

The credential files contain the documents that Reserve medical providers must have to provide healthcare. CCPD maintains the ICFs for licensed independent practitioners, including physicians, dentists, nurse practitioners, and other allied healthcare givers. CCPD also maintains the individual professional files (IPFs) for Reserve clinical support staff such as professional nurses and dental hygienists.

CCPD uses this system to grant privileges to more than 2,000 healthcare providers serving across the Navy, ensuring that providers have the proper education, training, licenses, certifications, and current competency and skills within their chosen clinical specialty.

"Having the centralized credentials files here at NMSC is like dealing a deck of cards," said Sandra Banning, CCPD's department head. "We hold all the cards (credentials files), and we deal them from here via electronic credentials transfer briefs. We know where the surgeons are located, we know where all the family physicians are located, and we know where the clinical support staff are located."

Banning said Navy medicine is better served by keeping every provider's credential file in one location thereby minimizing delay in the credentialing and privileging process.

During the ECOM/DS meeting, members spent the day discussing and reviewing the credential files before making their recommendations to NMSC's Chief of Staff, Mr. William Lorenzen, the sole privileging authority for all Navy Reserve component providers.

The ECOM/DS was formed in 1993 after then Navy Surgeon General VADM Donald F. Hagen decided to centralize all the reserve medical providers who need to be privileged or critical support staff in one location. This critical mission belonged to the Naval Healthcare Support Office located in building H2005, which later transitioned to become Navy Medicine Support Command in November 2005.

"Operation Desert Shield and Desert Storm in the early 1990s let us know that at the time we couldn't effectively identify our Reserve component medical assets. For example, when physicians needed a billet they were often placed into any physician billet regardless of their specialty." Banning said. "When Desert Shield and Desert Storm occurred, we needed to know where our assets were and how they were distributed. CCPD helps BUMED reach that goal."

At the conclusion of the monthly ECOMs meeting, NMSC's Chief of Staff has a number of applications and endorsement pages requiring his endorsement. After signing, the medical and dental providers are notified their privileges have been approved for the next 2 years, at which time, the entire cycle begins again.

–Story by MC1(SW/AW) Jeffrey McDowell, Navy Medicine Support Command Public Affairs.

Lejeune Hospital Unveils Operational Medicine Training Facility

A ribbon-cutting ceremony 30 May marked the grand opening of a new $325,000 training facility located on the grounds of the Naval Hospital Camp Lejeune, NC.

"We view this new construction as an expansion of our core facility [and] as an opportunity to enhance existing training programs for our active duty as well as beneficiaries," said CAPT Mark C. Olesen, CO Naval Hospital Camp Lejeune. "It will create more space inside our main hospital that can be used for other purposes."

The new Operational Medicine Training Facility features a spacious room designed for operational medicine training. The classroom will be outfitted with state-of-the-art equipment and can accommodate approximately 50 personnel. The new building will allow the hospital to expand training programs and implement new training initiatives.

RADM Thomas R. Cullison, Commander Navy Medicine East, Naval Medical Command Portsmouth, VA, was guest speaker for the event and noted the positive impact the new facility will have on the military and surrounding area. "Naval Hospital trains with the base and Onslow County for disaster preparedness. This is where we get our basic training and this new building will be used for a myriad of training," said Cullison.

Ribbon cutting: Left to right: William A. Meir, XO, Marine Corps Base, CAPT Donna Styles, XO, Naval Hospital Camp Lejeune, CAPT Eleanor Valentin, CO, Naval Hospital Cherry Point, RADM Thomas Cullison, CO, Navy Medicine East, MGEN Robert Dickerson, commanding general Marine Corps Installations East, and CAPT Mark C. Olesen, CO, Naval Hospital cut the ribbon during the grand opening of the Operational Training facility.
Photo by HM2 Thomas Bush, USN

A dedication ceremony was held during the grand opening in memory of HMC John M. Westfield, who was killed in an automobile accident in February. Olesen described him as an invaluable member of the command, and a room in the new facility was named after Westfield to honor his hard work and dedication to the command. Olesen and CMC Kevin Kesterson presented a plaque to Westfield's wife and daughter.

According to CDR Constance Worline, head of Education and training. The room will be used as an additional training classroom not only for Marines and sailors, but also to provide training to beneficiaries as a part of patient education. The room will also be used for pre-deployment practical skills training for years to come.

The ceremony was attended by a number of military officials including MGEN and Mrs. Robert C. Dickerson, Commanding General of Marine Corps Installations East; CAPT Eleanor Valentin, CO, Naval Hospital Cherry Point; and William A. Meir, XO, Marine Corps Base Camp Lejeune.

–Story by Raymond Applewhite, Naval Hospital Camp Lejeune Public Affairs.

FRA Branch 29 Shows Their Fond Regards to NHB

A commanding officer's office has a tendency to be more than just where a vast amount of decision making, personnel assessment, and mounds of messages are handled.

Fleet Reserve Association (FRA) Branch 29, of Bremerton, is well aware that the office belonging to CAPT Catherine A. Wilson, Naval Hospital Bremerton CO, is a repository in

CAPT Catherine Wilson, accepts artwork from Fleet Reserve Association Branch 29 of Bremerton for her support on behalf of her command. CMC Tom Countryman (far left) also is a stalwart supporter of numerous civic and veteran organizations and has personally worked with various members of FRA 29 in volunteer projects to benefit active duty and military family members during his tenure as CMC at NHB. Photo by Douglas H Stutz

homage to Navy history. There's memorabilia from past Navy and joint commands, family heirlooms with a decidedly nautical tone, and Navy medicine mementoes. FRA Branch 29 members, led by President Bob Hulet, Jerry Irvine, and Bob Crann, recently paid a visit to CAPT Wilson, to show their regards to her and her command for supporting them in their endeavors. They presented CAPT Wilson with a handmade intricately inlaid knot-tied mounted image of Naval Hospital Bremerton. "This is just our way to say thank you for supporting us, and especially to show our appreciation with your involvement in the Memorial Day Services at Forest Lawn Cemetery on May 28," said Hulet.

"What a meaningful gift, it's such a beautiful piece of work and I'll always treasure it." commented CAPT Wilson. "This art truly exemplifies the traditions of the old Navy. You don't see this type of quality much anymore and Jerry Irvine is a master. I thank him for all he does to pass on his skill and the FRA that helps keep our Navy traditions alive."

FRA Branch 29's motto is, "Doctors have the AMA, Lawyers have the ABA, Sea Services have the FRA." They have provided loyalty, protection, and service in adhering to their motto for almost 77 years. FRA 29 was formed on 18 July 1930 and moved to its current location on Veterans Day, 11 November 1968. Nationally, the Fleet Reserve Association (FRA) has served as the voice of Sea Services enlisted personnel on Capitol Hill since 1924. FRA was the first enlisted military association to testify before a U.S. Congressional Committee. Today, FRA is recognized by the Secretary of the Navy to speak before the U.S. Congress on their behalf. In addition, the 1997 Defense Authorization Act granted a Federal Charter to the FRA. FRA represents the interests of enlisted and former enlisted active duty, reserve, retired, and veterans honorably discharged from the Navy, Marine Corps, Coast Guard, and their families.

–Story by Douglas H. Stutz, Naval Hospital Bremerton Public Affairs.

Family Medicine Residency Graduation

Six plus six adds up to a lot more than just a dozen, especially concerning the 2007 graduating class of Puget Sound Family Medicine Residency program at Naval Hospital Bremerton. A half-dozen family medicine first-year residents and an equal number of family medicine third-year residents were duly recognized at Naval Hospital Bremerton's Family Medicine Resident Graduation Ceremony on 29 June 2007.

"This is an important milestone, for one of our primary missions at NHB is providing graduate medical education for family physicians," said CAPT Ronald F. Dommermuth, MC, Program Director, Puget Sound Family Medicine Residency. "After 3 rigorous years, we have six of the world's finest deployable family physicians. They have advanced their own skill level, plus those around them. We also have five going on to their next year here and they are a very talented group."

"Congratulations on now being independent practitioners," commented CAPT Robert F. Wilson, MC, guest speaker, addressing the graduating class. "Up to this point, the challenges have all been singular in surviving the residency. Now, there will be multiple challenges. There will be briars and brambles in the path. You will be called upon to support the global war on terror. You are unmatched in your dedication of calling and are all remarkable."

Family Medicine Third-Year Residents graduating are: LCDR Eric M. Buenviaje, duty station to be determined; LT David A. Duncan, duty station at Branch Medical Clinic, Iwakuni, Japan; LT Erica S. Grogan, duty station at Branch Medical Clinic, Iwakuni, Japan; LT Barbara G. Hoover, duty station at Branch Medical Clinic, Bangor WA; LT Michael L. McCord, duty station at U.S. Naval Hospital, Okinawa,

Rendering honors due...Puget Sound Family Medicine Resident Graduation ceremony recognized six Family Medicine Third-Year Residents and an equal number of Family Medicine First-Year Residents before Naval Hospital Bremerton staff, family, teachers, and CAPT Catherine Wilson, NHB Commanding Officer. Photo by MC1(SW) Fletcher Gibson

Japan; and LT Leslie A. Waldman, duty station at U.S. Naval Hospital, Guam. Waldman also received the Residency Teacher Award for 2007, as the top teacher in her class.

Family Medicine First-Year Residents are: LT Justin S. Clark, duty station at 3rd MARDIV FMFPAC Okinawa, Japan; LT Kelly G. Koren; LT Marcy G. Lake; LT Dawn M. Long; LT Malcolm C. Masteller, and LT John S. Robertson, all continuing residency at NHB.

–Story by Douglas H. Stutz, Naval Hospital Bremerton Public Affairs.

Pensacola Junior College Registered Nurse program student Elizabeth Burkhart assesses a Naval Hospital Pensacola patient as part of her training program at the naval hospital. Photo by MC1 Russ Tafuri, USN

Naval Hospital Pensacola Helps Train Nation's Future Medical, Nursing Professionals

On a given day at Naval Hospital Pensacola, or any one of its 11 Naval Branch Health Clinics across four states—Florida, Mississippi, Louisiana, and Tennessee—a number of students are in various stages of their educational studies to become a doctor, surgical technician, nurse, radiologist, ultra-sound technician, dental assistant, or any number of other medical fields.

These students, however, are not necessarily military medical officers in the making. Many are people with no military ties, pursuing a career in the medical field in many schools across the nation. They also happen to have been selected to perform a portion of their medical training—or rotations—at Naval Hospital Pensacola.

"Each year we have up to 200 students performing their practical training here," says Tom Dunmore of the hospital's Command Education and Training Department. There are nursing and dental assistant students from Pensacola Junior College (PJC), physician assistant and nursing students from the University of South Alabama in Mobile, surgical technicians and medical assistants from Virginia College, as well as students from Kapps University, the University of West Florida, Auburn University, the University of Florida, and others.

"We get the students from anywhere," said Dunmore, who is responsible for keeping track of these students and ensuring their educational needs are met during their rotation at the naval hospital. What that means for the students is an environment that has proven to be a worthwhile supplement to their education, he said.

The military hospital, for the most part, is very similar to an area community hospital; but the "military influence" is a bit different and sometimes a very good influence on the students' training, continued Dunmore. "We have a 100 percent success rate with the nursing students who come here and go on to take their state boards [licensure exams]," Dunmore emphasized.

"The Naval Hospital has established ties with the community and has the resources to host the students. Plus, being a part of the community is important to the command, the Navy, and the U.S. government. It's a great way of giving back to the community." While the experience of "working" at the naval hospital for most of these students will probably be a one-time event, for one student, who is finishing up her practical rotation at Naval Hospital Pensacola, it's somewhat of a homecoming.

Elizabeth Burkhart is a week away from completing the 2-year PJC Registered Nurse program and is currently doing her practical rotation at the hospital. Burkhart has been at the hospital before, but in a much different capacity. She was stationed there in 2002 while on Navy active duty as a corpsman. So for her, coming back, as she becomes an RN, is very gratifying in a number of ways. "Doing my practical rotations here is fitting because this is where I started when I transferred to Pensacola from Guam, and this is where I will finish," said Burkhart.

She plans to relocate with her family upon graduation. But she says doing her practical rotations at the naval hospital is especially appealing, aside from the reminiscences of her years in the Navy, due to the learning environment the hospital presents. "I enjoy the military environment during practical rotations because everyone is so helpful, supportive, and nice," she said. "It really is a team effort and a team environment here, more than anywhere else I have trained during my 2-year RN program."

Naval Hospital Pensacola has been a teaching facility with its Family Medicine residency program, since 1972, that is very popular with medical students, according to Dunmore. "The medical doctor-students who come, request to come because of the residency program in place. Many of the medical students will come in their third or fourth year to go through our Family practice Medicine specialty or surgical rotation programs we have," says Dunmore.

The military environment of the hospital, although subtle at times, can have an influence on those who are here—even some of the students. Approximately three students per year

sign up for the military after completing a rotation of practical training at the Navy hospital, according to Dunmore.

While Naval Hospital Pensacola may not be the size of or have the numerous specialties of a Walter Reed or Bethesda military medical center, the staff does meet the student training mission. "We're not the biggest but we meet the students' education needs," states Dunmore, "and we make them feel welcome."

–Story by MC1(AW) Russ Tafuri, Naval Hospital Pensacola.

Doctor Prescribes New Qualification for Navy

LCDR Alfredo Baker, flight surgeon, Marine Aircraft Group 24, stands in front of an anatomy chart used at the 1st Marine Air Wing Medical Aid Station at Marine Corps Base Hawaii, Kaneohe Bay. Photo by Christine Cabalo

Gaining the trust of his patients is important for LCDR Alfredo Baker, flight surgeon, Marine Aviation Logistics Squadron 24. It's why he spent 9 months training to become a Fleet Marine Force qualified officer. The doctor is one of fewer than 10 newly qualified naval officers to wear the corresponding pin at Marine Corps Base Hawaii, Kaneohe Bay. Sailors who finish the process have demonstrated their skill in understanding Corps history, infrastructure, and operations.

The qualification is reserved for those who work closely with Marines, and it is external recognition of the work an officer puts into training, said the flight surgeon. "The qualification is currently voluntary for officers," said Baker. "It's more specialized than the Navy (Fleet Marine Force) ribbon. Anyone who goes through the training gains a global understanding of amphibious operations. Officers will see how the Marines and the Navy work as a team."

As the program's coordinator, Baker teaches several of the training classes. The doctor organizes group field exercises, and he contacts Marine Corps officers to speak on topics such as weaponry. Formerly an elementary teacher who taught in Los Angeles, Baker said the experience has helped him learn how to connect with others.

Baker's leadership has helped in educating classes of up to 15 sailors, according to CDR Keith Hanley, flight surgeon, Marine Aircraft Group 24. Hanley, who works with Baker at the 1st Marine Wing Medical Aid Station, said many units in U.S. Marine Forces, Pacific support the program, but Baker took the leading position for the Wing. "There are at least three folks at Marine Force Pacific who are wearing their pins now because of his efforts," he said. "We've also established dentists and a few chaplains who are working for their qualification, too."

The additional training has helped him to make better decisions on monitoring resources, said Baker. After learning more extensively about the Marine Air Ground Task Force, the doctor said he has a clearer idea of how the Marines are organized into teams for a combined effort.

Baker said he was eager to earn this qualification so he could better demonstrate his connection to the Corps. After deploying with Regimental Combat Team 2 to Iraq in 2003, he said he feels privileged to care for service members who readily take on heavy responsibility.

"He's very empathetic," said Hanley. "Alfredo takes a lot of personal ownership and pride for 'his' Marines. He's jovial and happy. He's not dour or a sourpuss. Alfredo is a happy guy who comes in with a positive attitude each day. I think that translates to his patients."

His ability to bond with patients has led the qualified officer to pursue psychiatry as a medical specialty. Hanley said he thinks the doctor's personality makes him a natural psychiatrist. His good listening skills are important in a field where doctors need to be especially empathetic to patients, according to the MAG-24 flight surgeon. "I'd like to help people who were in combat," said Baker. "Working with the Marines, I understand firsthand what they go through. They've got so many stresses, and I'll use any tool to help."

As Hanley begins to take more of a leadership role in the program, he said he has admired the program coordinator's capacity for caring about his patients.

"I hope that I bring the teaching skills he has," Hanley said. "He's a very effective teacher and he puts a little humor into everything. The ability to teach with a sense of humor is not a skill set that everyone has."

–Story by Christine Cabalo, Marine Corps Base Hawaii.

Resiliency: A New Approach for Managing Stress

The Navy Environmental Health Center (NEHC) emphasizes use of resiliency techniques to help sailors and Marines deal with stress.

According to Dr. Mark Long, psychologist and public health educator with NEHC, "resiliency," the term given to strategies and techniques for dealing with stress, is not "magic." Rather, it is simply a strategy and skill that enables individuals to "bounce back" from every day stressors.

Long suggests that individuals who maintain a positive outlook on life are typically more resilient when faced with

stress than those who aren't. "All of us face daily stressors and hassles," said Long. "We see some athletes who rebound quickly after a bad or difficult situation while others fall apart or stay stuck in the past. Which would you like to do?"

While "resiliency" and "stress management" are often used synonymously, there are key differences. Where stress management focuses on "what you do" during stressful situations, resiliency focuses on "who you are."

Building resiliency over time helps to raise an individual's tolerance level to stressful situations. With increased resiliency, stressors are less likely to have the same impact that they once may have had and allow a person to adjust and adapt. "We all want to recover quicker, faster and better," said Dr. Long. "And resiliency is a practical and effective strategy to help us."

For more information on resiliency, visit the NEHC website: http://www-nehc.med.navy.mil/hp/stress/resilience.htm.

–Story by Hugh Cox, Navy Environmental Health Center Public Affairs.

Eighty Interns Graduate at Naval Medical Center Portsmouth

The intern class of 2007 graduated at Naval Medical Center Portsmouth on 29 June. The class was composed of 76 Navy and 4 Air Force interns. Like last year's class, the Air Force students were reassigned from Keesler Air Force Hospital in Biloxi, MS, which was heavily damaged by Hurricane Katrina.

The interns marched down the granite steps of Building 1, which opened in 1830 as the nation's first naval hospital. As first-year medical officers, they completed internship training in internal medicine, obstetrics and gynecology, orthopedics, otolaryngology, pediatrics, psychiatry, surgery, and the transitional year programs. Unlike civilian programs, NMCP's interns are trained to be naval officers as well as physicians.

The Naval Medical Center Portsmouth Intern Class of 2007 salutes during the singing of the National Anthem at their graduation ceremony. Photo by MCSN James Holcroft, USN

They complete a rigorous program of general medical training to support the nation's military forces around the world. Upon graduation, they will be eligible for their medical license.

Unlike in the civilian world, where interns go right into residency, most of NMCP's graduates serve 2 years as general medical officers on ships, or pursue undersea medicine or in flight surgery training to gain operational experience with the military. They are assigned with operational forces, and will deploy overseas to Iraq, Afghanistan, Guantanamo Bay, and to ships at sea, supporting the war on terror, and will provide medical care to forward-deployed forces. Later, they may pursue residency training to become specialists in military hospitals.

The guest speaker, LGEN Robert R. Blackman, Jr., Commander, U.S. Marine Corps Forces Command and Commanding General, Fleet Marine Force, Atlantic, focused on Navy medicine's role in supporting the operational forces during war. Also speaking was RADM Thomas Cullison, current NMCP Commander, and the past Medical Officer of the Marine Corps. The ceremony emcee, CAPT Kevin Knoop, is NMCP Director for Medical Education, and a recent recipient of the Bronze Star for his service in Al-Taqaddam, Iraq. Additionally, the Command Intern Coordinator, CDR Edward Simmer, received the Meritorious Service Medal during the ceremony for his service with the Army while deployed to Iraq.

–Story by Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs.

Read any good books lately?

Navy Medicine is looking for book reviews. If you've read a good book dealing with military (Navy) medicine and would like to write a review, the guidelines are:

- Book reviews should be 600 words or less.
- Introductory paragraph must contain this information: Book name by author. Publisher, city, state. Year published. Number of pages.
- Reviewer ID: sample:

CAPT XYZ is Head of Internal Medicine at Naval Medical Center San Diego.

Send submission for consideration to Janice Marie Hores, Managing Editor, at: janice.hores@med.navy.mil or 19native47@verizon.net

Naval Hospital Oak Harbor Opens Deployment Health Clinic

Naval Hospital Oak Harbor (NHOH) opened a new Deployment Health Clinic (DHC) at Naval Air Station (NAS) Whidbey Island, 1 July. "This clinic is the Navy medical community's future way of doing business," said CAPT Vernon Morgan, Branch Clinics and Flight Medicine director. "This new idea will inevitably come with some obstacles, but NHOH will identify and correct the discrepancies."

NHOH was handpicked by Naval Air Enterprise, Bureau of Medicine and Surgery (BUMED), and Naval Air Forces to be the pilot study for this Navy project.

"The DHC is an integration of three separate organizations which makes it challenging," said LCDR Leslie Brown, department head of the DHC. "This is a coordinated effort between BUMED, the squadron Aviation Physiological Technicians, and the Reserves."

The DHC provides service members with the means to reach the six elements of deployment readiness prior to leaving. These elements include immunizations, blood work, dental, personal medical equipment, identifying any deployment limiting conditions, and the preventive health assessment. "The Deployment Health Clinic will centralize all aspects of health care needed for deployment readiness," said HM1 Jason McGuire, leading petty officer of the DHC. "Our goal is to increase the readiness of all sailors and Marines to 100 percent."

The clinic can see up to 30 patients a day using seven full-time and two part-time medical staff. "I'm proud to be part of contributing to the readiness and health of active duty sailors and Marines," said Nina Kamberger, periodic health assessment coordinator.

The medical readiness process begins with a preventive health assessment on each service member's birth month. "I learned about healthy eating and maintaining a proper diet during my health assessment," said YN Juan Ojeda. "It's good to have something like this keeping everyone on track."

The clinic conducts pre-deployment assessment, ensuring that sailors and Marines are medically prepared to deploy. They also conduct post-deployment assessments and a reassessment after returning for 90 to 180 days. "My hope is that the DHC will become a Navy-wide model," said Brown. "This is how our sailors and Marines should be taken care of." The DHC officially moved into its permanent home in the hospital, 12 July.

–Story by MC1 Bruce McVicar and MC2 Tucker Yates, Fleet Public Affairs Center Detachment Northwest.

Free Resources for Deployed Service Members and their Family Members

- ***Free computers for spouses or parents of deployed service members in ranks E1 - E5***
  http://www.operationhomelink.org/
- ***Free magazines for deploying service members***
  https://store.primediamags.com/soldier2/service_member_pg.html
- ***Free mail/gifts sent to children of deployed service members***
  http://www.prweb.com/releases/2004/2/prweb106818.htm
- ***Free phone cards***
  https://www.operationuplink.org/
- ***Sign up to sponsor a Sailor/Marine with care packages***
  http://anysailor.com/ and http://anymarine.com
- ***Free cookies***
  http://www.treatthetroops.org/
- ***Free care packages***
  http://bluestarmoms.org/care.html
- ***Virtual Care boxes for troops***
  http://66.241.249.83/
- ***Free books, DVD's, CD's.***
  http://www.booksforsoldiers.com/forum/index.php
- ***Free care packages***
  http://www.militarymoms.net/sot.html
- ***Free care packages***
  http://operationmilitarypride.org/smsignup.html
- ***Sign up to receive care packages***
  http://www.soldiersangels.org/heroes/submit_a_soldier.php
- ***Free gifts and care packages***
  https://www.treatsfortroops.com/registration/index.php
- ***Free shipping materials for mailing to troops***
  http://www.defenselink.mil/news/Nov2004/n11232004_2004112312.html

Navy Nurse Corps to Exceed Recruiting Goals

The Navy Nurse Corps (NC) is expecting to surpass its established recruiting goals for fiscal year 2007 (FY07) by September. "The Navy Nurse Corps is increasingly becoming a top career option for nurses," said CDR Ray Wilson, NC, Nurse Corps Programs Manager, Commander Navy Recruiting Command (CNRC), Millington, TN. "In the most recent years, we have seen a growing interest and desire from civilian nurses who want to serve their country and they are choosing to become members of the Nurse Corps to fulfill that need."

NC recruitment goals for FY 07 are 69 for active duty through direct accession, 70 for reservists, 75 for the Nurse Candidate Program, and 2 for reservists (active duty recalled). "We are definitely going to surpass these goals. Currently, we are at 75 percent of our active through direct accession goal with 26 alternates signed up for next fiscal year, 30 percent attainment for reservists, with 70 nurses waiting in the wings to be commissioned with a 10 to 15 roll-over for next fiscal year," said Wilson. "In the Nurse Candidate Program, we have reached 71 percent of our goal and have started an alternate list for next fiscal year."

According to Wilson, nurses are choosing to become members of the NC team for a variety reasons including a more challenging work environment, higher job satisfaction, and more opportunities for career advancement. "There are a number of people choosing to sign up and be commissioned as Navy nurses. We have seen an ever-growing increase of patriotism in our country. People feel the need to serve our country and help and support our war fighters, offering their skills and talents to Navy medicine," he said. "Our nurses have immediate respect for the great medical care they provide and because of officer rank as well. In the civilian sector, the respect for nurses and the good work that they do can be lacking. Benefits in the military are great in comparison to the civilian market. We also offer opportunities for promotion, graduate education that the Navy will pay for, and opportunities to specialize. Another reason is that a lot of people want to leave their current employment situation and they want to shake up their career for the better. They want to travel, they want a challenge like no other challenge in the world, and they want their careers to have meaning and purpose—personal fulfillment. Also, the Nurse Corps is very competitive with our civilian counterparts in terms of salary and we meet or exceed any bonuses nurses can receive in the civilian sector. We also have a much better retirement system."

The Nurse Corps has a variety of specialties. "We have 18-plus nursing specialties at work within Navy medicine. Among these specialties are critical care nursing, advance practice nursing, nursing anesthesia, maternal-infant nursing, and operational nursing. We have nurses that come into the Nurse Corps already having these specialties or we can send a Nurse Corps nurse to school to acquire education for a specific specialty through our DUINS (duty under instruction) program. The two specialties that are high demand right now are nurse anesthesia and critical care," he said.

Recruiting for nurses is an ongoing, active, and productive process. According to Wilson, there are 26 recruiting districts across the U.S. Most of the districts have a Nurse Corps officer who is actively recruiting. These recruiting officers are responsible for attending conventions and job fairs, visiting schools in their district, and meeting with the deans. They also put on presentations and attend luncheons. All this is part of the bag-carrying Nurse Corps recruiter's responsibilities. In addition, local and national advertising campaigns help get out the word. There are also mailings to all nursing students who attend accredited nursing schools throughout the U.S. Enclosed is local contact information.

RADM Christine Bruzek-Kohler, Director of the Nurse Corps, sends out a letter with her signature to all deans of these schools each year. CNRC sponsors five national conventions per year, which Wilson usually attends along with a NC officer recruiter representative from that local area. All nurse associations, including the National Hispanic Nurses Association, African American Nurses Association, National Student Nurses Association, receive visits from CNRC and Nurse Corps recruiters at their conventions as well. Professional journal advertising also helps.

"Our nurses not only come in through recruiting programs. We have pipeline programs, STA-21 (Seaman to Admiral Program), ROTC, to name a few," he added. Certain financial benefits are also available to nurses who are considering a commission in the Navy. "We have a $15,000 sign-on bonus for 3-year active duty commitment, and a $25,000 bonus for a 4-year active duty commitment. We hold from 20 to 25 seats each year for loan repayment and can pay up to $32,000 in loans and a $15,000 bonus with that for a 5-year active duty commitment," said Wilson. "Students who are in their junior and senior years in the Nurse Candidate Program can receive $1,000 a month and a $10,000 bonus, so they can get up to $34,000 to go to school while they are in school and they are commissioned when they graduate."

There are certain basic requirements that a nurse must meet in order to receive a NC commission. "You must be a college graduate. The maximum age to enter is 42, but we can grant age waivers. Average age of joining is 21. Plus, you must meet the already established requirements set by the Navy such as physical requirements," said Wilson.

Those interested in learning more about the Navy Nurse Corps program can visit www.navy.com, click the officer programs and view the Navy Nurse Corps section of the site. They can also contact their local recruiting district to obtain more information.

–Story by Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs.

Honoring Navy Heroes

The Naval School of Health Sciences (NSHS), San Diego, unveiled the first-of-its-kind memorial 15 June to honor hospital corpsmen who have died in the line of duty since 9-11-2001.

The memorial, created by NSHS staff corpsmen, is a replica of a soldier's battlefield grave from the World War II era and consists of an M16 rifle, helmet, boots, and dog tags, all cast in copper. The memorial also includes a corpsman's tools—stethoscope, bandages, and tape. "Today, we are here to remember our fallen brothers and sisters who gave the ultimate sacrifice, and those among us who will also fall," said RADM James A. Johnson, MC, during the ceremony.

As of June, more than 30 corpsmen have perished in the global war on terror since the 9/11 terrorist attacks. As the Navy and Marine Corps's enlisted medical specialists, corpsmen are the primary caregivers for sailors at sea and combat Marines in the field.

The three NSHS staff members who crafted and designed the memorial are HM2 Leeann Weeden, HM2(FMF) Wilson Ospina, and HM3 Joseph Tonti. For Ospina, serving in combat inspired his work on the memorial. "My experience in the battlefield impacted my feelings about this memorial," said Ospina. "To be able to share your life with someone, and in an instant, you find yourself fighting to save that life. That's what this is about."

The *Hospital Corps Monthly* newsletter is now available electronically. To have your personal copy delivered to your emailbox please contact:
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HM3 Nerwin A. Sevilleja who serves at Navy Medicine Support Command in Jacksonville, FL, heard about the memorial unveiling. "I think it's great that our fellow corpsmen are being honored for their service," said Sevilleja, a medical staff specialist in the Centralized Credentials and Privileging Department. "It's a reminder of the role I and other corpsmen play in this global war on terrorism. Being a corpsman is a demanding job, and this memorial shows how we are willing to take an extra step for our fellow shipmates and for our country."

"It takes an incredible amount of dedication and passion to serve this country," added CAPT Robin T. McKenzie, NC, NSHS commanding officer. "Navy corpsmen are the center of Navy medicine. They are the 'Doc.' The Marine Corps will not go without their 'Doc,' and a corpsman will not leave without his Marine."

–Story by MC Shannon K. Cassidy, Fleet Public Affairs Center Pacific.

Farewell Message From Chief, Navy Dental Corps

On the 18th of August, 2007, I will be turning over the leadership baton of our fabulous Dental Corps to my very good friend and colleague, RDML (Sel) Richard Vinci. It has been a very challenging and rewarding 46 months coupled with a tremendous amount of change not only for our Dental Corps, but for Navy medicine and the Navy. As we focus on the changes around us, we do not want to lose sight of what Navy dentistry is really about–maximizing the dental health and readiness of the sailors and Marines who have committed themselves to the defense or our nation, and the family members who accompany them when they are stationed in foreign lands.

As Chief of the Dental Corps and leader of the community, we worked with other corps and our sister services to develop those future opportunities to maintain the vitality and energy of the dental community. Our historical community strength arises from our tremendous professionalism, dedication, rapport, and support by the line coupled with our ability to adapt. To succeed in this era of change, we all need to continue to adapt, never losing focus on our primary mission, while looking for those opportunities to contribute and build those teams that take us to the next level of support and alignment.

It has been my great privilege and honor to support each and every one of you in service to our great country. May God always bless you and your families with "fair winds and following seas."

RADM Carol Turner

Marines Honor Navy Doc with Bronze Star

The U.S. Marine Corps awarded CAPT Kevin Knoop with the Bronze Star on 14 June, for meritorious achievement at Camp Al Taqaddum, Iraq. On behalf of the Marines, RADM Thomas Cullison, Commander, Naval Medical Center Portsmouth, presented the medal.

Knoop, a 22-year Navy veteran and Chesapeake resident, is an emergency physician and the Director of Graduate Medical Education at the medical center. He served as the OIC of the Taqaddum Surgical Shock Trauma Platoon from February through September 2005. "I can't say enough about the great job CAPT Knoop, and everyone there, is doing for our troops," said Cullison.

Knoop's team of 54 highly skilled sailors and Marines provided Level II medical care to 450 patients, including 360 combat-wounded coalition service members. Taqaddum Surgical achieved a 95 percent survival rate for all patients, including those arriving in critical condition. Nearly 25 percent of the coalition forces patients were returned to full duty. As a Senior Flight Surgeon, Knoop also provided instruction in aviation medicine.

"I can't explain how rewarding it was to serve in that role," said Knoop. "What I saw there was awe-inspiring. Everyone there displayed extreme focus and determination…just great chemistry. It's an honor to have served with, and be the leader of such a great group. This is truly a team award."

The citation, signed on behalf of the president by LGEN J.N. Mattis, Commander, U.S. Marine Corps Forces, Central Command, states, "Captain Knoop displayed incomparable medical skill, exceptional wisdom and innovation, and outstanding leadership in guiding Taqaddum Surgical to successful mission accomplishment, contributing greatly to II Marine Expeditionary Force (Forward) success in Operation Iraqi Freedom."

COL Robert DeStafney, the Marine CO deployed with Knoop at Camp Al Taqaddum, drove from his current duty station at Camp Lejeune, NC, to Portsmouth to attend the ceremony with Knoop's family. "He's a great team builder," said DeStafney of Knoop. "He's a superb leader, humble and honest. We wouldn't have experienced the success we did without his leadership."

The Bronze Star is a United States Armed Forces individual military decoration and is the fourth highest award. It is awarded for bravery, heroism, or meritorious service.

–Story by Deborah Kallgren, Naval Medical Center Public Affairs, Portsmouth, VA.

RADM Thomas Cullison presens CAPT Kevin Knoop with the citation for his Bronze Star. Photo by MC1 Eric Deatherage, USN

Hospital Corpsman Awarded Bronze Star

RADM Thomas Cullison, Commander Naval Medical Center Portsmouth, presents the Bronze Star to HMCS(SW/AW) Stephen Murray. Photo by MC1 Eric Deatherage, USN

HMCS Stephen A. Murray was recognized for heroic lifesaving actions by receiving the Bronze Star. The award was submitted by Naval Forces Central Command's VADM Kevin J. Cosgriff. RADM Thomas Cullison, Commander, Naval Medical Center Portsmouth, made the presentation on 18 July.

Murray served as Senior Medic with the Combat Service Support Medical Company, Navy Embedded Training Team Juliet, in Herat, Afghanistan, from November 2005 to June 2006. He is credited with saving lives in two separate incidents, both involving insurgent attacks. After his convoy struck two IEDs in March 2006, Murray rendered medical attention with no regard for personal safety. Murray again rendered medical attention to two wounded soldiers, thereby saving eight lives in the two incidents. Murray's Bronze Star will be distinguished with the "V" for valor.

–Naval Medical Center Portsmouth, Public Affairs.

Guantanamo Bay, Cuba. CAPT Bruce C. Meneley, center, relieves CAPT Ronald L. Sollock, left, as commander of U.S. Naval Hospital and Joint Task Force (JTF) Guantanamo Bay Joint Medical Group during a change of command ceremony at the Bayview Club. 6 July 2007. Photo by SGT Jody Metzger, USA

Beaufort Corpsman Receives Navy-wide Award

Every year across the Navy, one of the nearly 700 preventive medicine technicians is recognized for the quality and leadership they employ while working in the medical field.


HM1 Michael Mann

On 21 May, HM1 Michael Mann received the Master Chief Stephen W. Brown Award for Preventive Medicine Technician of the Year for his work while serving with Marine Wing Support Squadron 273 during 2006. The award was established in memory of Brown who served as a preventive medicine technician from 1952 until 1986.

"We look for those who make a difference in a way that is noticeable by that person's command," said Navy CAPT William Stover, CO of the Navy Environmental Health Center in Portsmouth, VA.

Mann was selected out of 13 nominees for the award. Strong leadership and the drive to keep service members healthy are just two of the many qualities it takes to be selected for the award, according to Stover. "If I give him a mission, it's going to get accomplished," said CPO Chris Campbell, the LPO chief of preventive medicine. While assigned to the Sweathogs, Mann served as the leading petty officer for 2nd Marine Aircraft Wing Preventive Medicine, Al Asad Air Base, Iraq. While deployed, Mann led his team in an effort to provide efficient public health services to all units stationed within Denver, a 52,000-square-mile area of operation in the Al Anbar Province.

"My job is to prevent disease non-battle injuries" such as food or water contamination as well as preventable injuries that take service members away from the fight, according to Mann.

Mann also conducted 3,500 inspections in a combat environment to keep an overall 90 percent sanitation compliance at all facilities with no food-borne illness outbreaks.

"He's one of the people that makes things happen," said GSGT Willie Peterson, the Headquarters and Support Company first sergeant for MWSS-273.

Working closely in joint service operations, Mann took charge of training and educating preventive medicine specialists from different services in standards for each branch's instructions as well as inspection and report procedures, according to Mann.

"In my 12 years in the preventive medicine world, I've never had such a motivated, knowledgeable, and well-rounded PMT and corpsman. He's very aggressive at ensuring that the job is done right the first time," said Campbell.

Whether or not he had been recognized, Mann said that being able to pass on to young service members the knowledge and experience he has gained over the years has been the greatest aspect of his work.

–Story by LCPL Ryan L. Young, Marine Corps Air Station, Beaufort, SC.

CAPT William M. Roberts is being assigned as Medical Officer to the Marine Corps, Washington, DC. Roberts is currently serving as Deputy Director, Medical Resources, Plans and Policy, N931B, Office of the Chief of Naval Operations, Washington, DC.

RDML Richard R. Jeffries is being assigned as commander, Navy Medicine Capital Area/Commander, National Naval Medical Center, Bethesda, MD. Jeffries is currently serving as Medical Officer to the Marine Corps, Washington, DC.

RDML Alton L. Stocks is being assigned as Assistant Deputy Chief, Health Care Operations, M3HB, Bureau of Medicine and Surgery, Washington, DC. Stocks is currently serving as Force Surgeon, U.S. Naval Forces Europe, Naples, Italy.

HN Daniel S. Noble, 21, of Whittier, CA, died 24 July from injuries suffered as a result of enemy action while conducting security operations in the Diyala Province, Iraq. Noble was assigned to 1st Marine Division, Fleet Marine Force Pacific, Camp Pendleton, CA.

CJTF-HOA Partners with Islamic Relief USA, UPDF to Coordinate Humanitarian Aid for War-Torn Somalia

The Combined Joint Task Force – Horn of Africa coordinated with the American charity Islamic Relief USA on the donation of $463,000 worth of food and medical supplies to the war-torn country of Somalia in August. The medicines and food were given to the Ugandan People's Defence Forces(UPDF) which delivered them to Mogadishu.

"Supporting the African Union peacekeepers like this is very satisfying from a physician's point of view," said CDR David Burch, former command surgeon for CJTF-HOA, who was instrumental in setting up the project. "We were able to support our medical counterparts in the Ugandan army, and by doing so, make a positive impact for the citizens of Mogadishu who are caught up in the fighting there."

In keeping with the goal of the CJTF-HOA mission, which is to conduct unified action in the Horn of Africa to prevent conflict, promote regional stability, and protect coalition interests in order to prevail against extremism, the U.S. has been providing food aid to Somalia since the UPDF deployed there in April, but this bulk delivery of food and medical supplies was special because it marked the first time the non-governmental organization, Islamic Relief USA, had worked with CJTF-HOA. The undertaking required massive coordination and collaboration within the support system of the Department of Defense, the UPDF army, and U.S. Ambassadors from the Uganda and Kenya embassies.

"We were alerted to the potential for providing assistance by a discussion between Doctors Without Borders and the U.S. special envoy to Somalia," Burch said. "CJTF-HOA maintains close contact with the embassies in our area of responsibility, so the ambassador was able to relay this information to us. Through a source in DOD, we made contact with an Islamic non-governmental organization, and I personally met with doctors in the Ugandan military, including the physician directly in charge of the contingent in Mogadishu, to make sure we understood exactly what their needs were."

Once those needs were determined, the decision was made to have the UPDF deliver the aid to Mogadishu. The UPDF is one of the only forces that has deployed to Somalia to conduct peace-keeping operations since fighting began earlier this year as a result of Ethiopian troops ejecting Islamic Courts from the capital city. The decision to use a military element for the delivery of humanitarian aid was two-fold: The UPDF operates a field hospital that provides immediate medical assistance to the people of Mogadishu and the security situation there makes it difficult for NGOs to operate safely.

It was a tasking that was readily and proudly taken on by the UPDF, many of whom have been trained by the CJTF-HOA U.S. Army soldiers of the 3rd Infantry, Old Guard, normally based at Fort Myer, VA.

"This is a sign that our efforts as a country are appreciated," said UPDF Public Affairs Officer and Spokesman MAJ Felix Kulayigye, after witnessing the loading. "We are also grateful to the U.S. government who delivered the supplies here. This goes a long way in addressing the needs of the people in Mogadishu."

Kulayigye's feelings are shared by CDR Joel Larcombe, who took over for Burch, and saw the project to completion. After taking over, he traveled to Uganda to conduct training with their medical personnel, some of whom have been involved in the next deployment of peacekeepers and would then be able to assume the role of trainer themselves. The training also offered Larcombe the opportunity to incorporate the medications the medics would be receiving and develop treatment plans for the diseases they would likely see while deployed to Somalia.

"I think it was a great thing to see an Islamic NGO donate pharmaceutical supplies to Ugandan peacekeepers to treat Somali victims," Larcombe said. "When I arrived in Uganda, I had a candid conversation with the prospective deploying unit commander about the lack of medical care available in Somalia. He informed me that Ugandan medical personnel spent most of their time and supplies caring for Somalis, so we were happy to do everything we could. It was a true team effort."

–Story by MC1(SW/AW) John Osborne, CJTF-HOA Public Affairs, Djibouti, Africa.

Pacific Partnership Joins with East Meets West during Vietnam Visit

Sailors and non-government organizations (NGOs) that make up the Pacific Partnership dental team, joined with the Danang-based East Meets West Foundation (EMWF) to conduct a dental civil-action program (DENCAP) at the Mother's Love Medical Clinic in Danang.

Pacific Partnership serves as an enabling platform through which military and NGO's coordinate assistance efforts in conjunction with the government of Vietnam. During the DENCAP, dentists and assistants performed procedures ranging from cleanings to extractions for more than 150 Vietnamese locals, mostly children. "Participating in this exchange is a great opportunity to help those who really need the help," said HM1(FMF) Lavonne Nelson "It's great to come out here and provide quality care."

The EMWF was started in 1988 by LeLy Hayslip and has continued to help the people of Vietnam through proper medical treatment and education through programs held at the Mother's Love Medical Clinic as well as the Peace Village Medical Center, also in Danang. Hayslip, whose life story was

chronicled in two books she wrote and in Oliver Stone's film, "Heaven and Earth," where she returned to her village of Ky La in central Vietnam, according to East Meets West's website.

"It's been a good experience working with the Americans," said Claire Castle, a dental student from Birmingham, England, and a volunteer with EMWF. "If I had the chance to work in a multi-national setting like this again, I would definitely volunteer again."

The medical, dental, and engineering support programs provided though Pacific Partnership assist the Vietnamese by providing the local community with a wide range of services. For this mission, the partnership includes the government of Vietnam and regional partners from Japan, Malaysia, Singapore, Canada, Australia, the Republic of Korea, and India. Navy personnel, military and civilian preventive medicine teams, U.S. Air Force, Army, and Uniformed Health Services medical personnel, NGOs, and a Navy mobile construction team also participated.

–Story by MC3 Patrick M. Kearney, USS* Peleliu *Public Affairs.

Local Woman's Life Saved by Pacific Partnership Health Care Professional

Pacific Partnership team member LCDR Leila Williams, a doctor stationed at Branch Health Clinic, Marine Corps Base, Kaneohe Bay, HI, saved a Vietnamese woman from nearly choking to death while in Danang, Vietnam.

Along with Dr. Dana Braner and Dr. Chris Truss, volunteers from the non-governmental organization Project Hope, Dr. Willams and her colleagues were at Nai Hem Dong Elementary School participating in a medical civil-assistance program (MEDCAP).

The medical team was wrapping up a 10-day visit to Vietnam to assist the Ministry of Health. During their last day they visited a local Vietnamese restaurant for lunch. "As we walked in we noticed that the first floor was a wedding ceremony so they took us to this nice room on the second floor, where we enjoyed our meals," said Williams.

During lunch, Williams questioned Braner, about the contents in his pack he carries around his waist. "He said that he kept his airway breathing supplies that may come in handy one day," Williams said.

After lunch, while waiting for transportation back to the medical facility, the group was watching a portion of the wedding ceremony. Suddenly one of the guests lost consciousness. "All of the family and friends surrounding her became frantic and scooped her up to carry her outside thinking it was air she needed," said Williams.

Williams said, "We are American doctors, do you need help? I don't think they realized we were doctors because of the tee-shirts we were wearing," said Williams.

Moving together quickly, Braner used a pulse oximeter to measure the patient's oxygen. The years of training immediately took over for Williams as she assessed the patient.

"Her oxygen level was at 84 percent which was bad since the average is above 95 percent. Thinking logically, I put two and two together and because they were just eating it became obvious to me that she was choking. I then performed the Heimlich maneuver on her," she said.

While Williams was reaching for her stethoscope, Truss administered two back blows to continue clearing the blockage.

"It was just a coincidence because I never carry around my stethoscope and on that day I had forgotten about it because it was hanging around my neck," said Williams. "As I listened to her lungs I realized she had some wheezing on the right side, so I administered the second abdominal thrust which cleared her lungs, then gave her oxygen."

After the woman was transported to a hospital, the family at the wedding showed their appreciation by giving the team hugs and kisses.

"This is what we do; this is part of being a military doctor. I don't think I am a hero for doing what I did," she said. "We are all taught basic life support treatments which we are ready to administer at any moment. I think if anyone else was in there at that moment they would have done the same."

–Story by MC2(SW) Jennifer R. Hudson, USS* Peleliu *Public Affairs.

Comfort Repairs Young Girl's Foot, Answers Mothers Prayers

A 5-year-old girl lay quietly in her hospital bed aboard USNS *Comfort* (T-AH 20) on 31 July, recovering from her recent foot surgery as her mother sat by her side holding her hand.

The surgery, a corrective procedure to repair a foot deformity with which Kathya Cortez was born, is something her mother Patricia has prayed for since her daughter was a baby.

Kathya had what doctors call a "club foot," a malformation that causes the foot to turn inward, forcing the person to walk on the outside of the foot. Calluses often form and cause excruciating pain.

When Kathya was a year and a half old, Salvadoran doctors were unsuccessful in their attempts to repair the foot, according to Cortez. She described the surgery as a nightmare, saying it left her frightened and unsure of her daughter's future. "I felt like it's hopeless, like a door had closed on me," she said. "The hospitals here are so under equipped and poorly staffed; I didn't know where to go or what to do."

Cortez briefly considered seeking a private Salvadoran doctor, but discovered the cost of the surgery was too much for her to afford.

Soon, she began researching orthopedic surgeons in the U.S. on the Internet, and again realized there was no way she would be able to afford the journey to the States, let alone

the procedure. "My husband and I had basically lost hope," she said. "All we could do is pray for our daughter and hope that everything would turn out okay."

After years of dead ends, Cortez saw on television that *Comfort* would be in her area 25 July. She hurriedly made plans to drive the hour and a half to Acajutla to try and see the American doctors.

Arriving late to the Sonsonate Hospital in Acajutla, Cortez found herself with her daughter at the end of the line, until *Comfort* medical personnel called for patients with bone deformities to come to the head of the line. "It was like a godsend," Cortez said. "After all the waiting, I couldn't believe that my daughter might actually get the chance to see an American surgeon, and receive the care she needed."

Following a screening at the hospital, Kathya and her mother were brought aboard *Comfort* to meet with LCDR Eric Shirley, an orthopedic surgeon. Surgery was scheduled and Cortez's prayers were finally answered. "The procedure is pretty basic, and it's something I see pretty often," said Shirley. "After she's fully recovered, Kathya will be able to walk just fine, and wear shoes without feeling pain."

Cortez said she was very impressed with the staff aboard *Comfort*, pointing out the willingness of everyone to help make her and her daughter comfortable. "I have so much appreciation for everyone here," she said. "Everyone has been very nice, and has treated my daughter and me with a lot of respect and affection. I thank God for the whole crew, and I'll never forget any of this."

Comfort is on a 4-month humanitarian deployment to Latin America and the Caribbean providing medical treatment to patients in a dozen countries. El Salvador is the fifth of a dozen countries that *Comfort* will visit during its first large-scale humanitarian aid mission.

–Story by MC3 Tyler Jones, USNS* Comfort *Public Affairs.

Comfort Treats Thousands During 4-day Visit to Panama

Collectively, personnel from the U.S. Navy, Air Force, Army, Coast Guard, and Public Health Service, along with Project Hope volunteers, Canadian Forces doctors, and medical personnel from USNS *Comfort* (T-AH 20) treated nearly 5,000 patients during a 4-day site visit at the Al Brown Arena in Colon in early July. "We were offering pediatric medicine, adult medicine, dentistry, and optometry," said LT Johnny Ramos, site leader for the event. "We also had physical therapy for 2 days and a pharmacist on board dispensing medications."

Patients lined the streets 5-9 July to receive the medical support and assistance provided by the *Comfort* team. "The reception was great. It's been overwhelmingly positive," Ramos said. "They were glad to see us here and we were glad to be there."

In addition, *Comfort* personnel treated approximately 20,000 patients at Juan Antonio Nuñez Policentro and Amador Guerrero Hospital, for an overall total of nearly 25,000 patients.

–Story by MC2 Joshua Karsten, USNS* Comfort *Public Affairs.

Comfort Sailor Reunites with Family in Peru

A crew member aboard USNS *Comfort* (T-AH 20) reunited with her family on board the ship 10 August after not seeing some of them for more than 30 years. HM1 Wanda Ziehr, a patient administrator, has been separated from her extended family by international boundaries, with cousins, aunts, uncles, and grandparents living in Peru, Australia, and the United States. Ziehr coordinated the visit in advance of her deployment when she found out *Comfort* would be conducting operations in Peru.

"When I found out *Comfort* would be here in Peru, I started making arrangements for us all to get together," said Ziehr. "I wasn't sure if it would all work out, but it's been great that it has." Her family members living in Australia and the United States flew to Lima, Peru, to meet with family already living there, and then took a bus to Trujillo, where *Comfort* was conducting humanitarian operations.

"Getting my family here wasn't easy," said Ziehr. "Once they were all in Lima, they had to take an 8-hour bus ride from there to Trujillo." During her family reunion, Ziehr brought them to the ship for a tour, which included the operating rooms, casualty receiving area, and gymnasium. "I think they enjoyed the tour very much," she said. "I'm glad I was able to take them around the ship and show them a little bit of what we do here."

Ziehr said she was excited to see her family again, and that the years of separation have been difficult. "My family all told me how proud they were of me, and the *Comfort*'s mission," Ziehr said. "When they were in town in Trujillo, they kept telling everyone that their daughter was with the *Comfort*."

The much-needed reunion was a change from the usual pace of deployment, said Ziehr. For her, seeing her family in such a far away place was a good experience. "It's been really emotional to see them all again," she said. "For the past several years, we've only been able to communicate through emails and phone calls. It's great to be able to send photos through e-mail and such, but nothing beats the real thing."

–Story by MC3 Tyler Jones, USN, USNS* Comfort *Public Affairs

Danang, Vietnam. Children wait in line for a routine check-up during a medical civic assistance program at Truong Tieu Hoc Quy School. The free medical screening is one of many projects supported by the Pacific Partnership team. July 2007. Photo by MC Patrick D. House, USN

Pacific Ocean. Sara Osego poses for a picture with her 4-month-old baby after checking onto Military Sealift Command hospital ship USNS *Comfort* (T-AH 20) for cleft palette care. Operation Smile, a non-government organization, joined the crew of *Comfort* to perform cleft palette procedures while off the coast of Nicaragua. July 2007.
Photo by MC2 Elizabeth Allen, USN

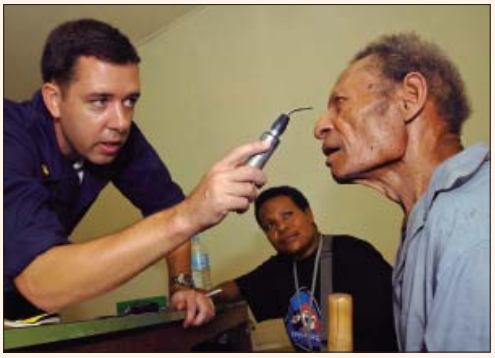
Pacific Ocean. HM1 Fausto Muñoz (left), an operating room technician, guides a tour for HM1 Wanda Ziehr (right), a patient administrator aboard USNS *Comfort* (T-AH 20), and her family. August 2007. Photo by MC3 Tyler Jones, USN

NAVY MEDICINE
World Class Care...Anytime, Anywhere

Djibouti, Africa. CDR Jay Grove, General Surgeon and Senior Medical Officer of Expeditionary Medical Force(EMF) and DR. Elias Said Dirie, Chief of Surgery at Peltier Hospital, are assisted by a Djiboutian medical student on rotation from Morocco and LCDR Chris Smith, NC, Operating Room Nurse, EMF. The team performed a hemicolectomy and a side-to-side anastomosis as treatment for colon cancer." August 2007. Photo by LT John H. Callahan, USN

Pacific Ocean. Miguel Lopez, a retired bull fighter from Trujillo, Peru, displays a photograph of himself fighting a bull in Mexico City taken in September 1951, as LT Megan Zeller, an intensive care unit nurse, cares for him aboard USNS *Comfort* (T-AH 20). August 2007. Photo by MC3 Tyler Jones, USN

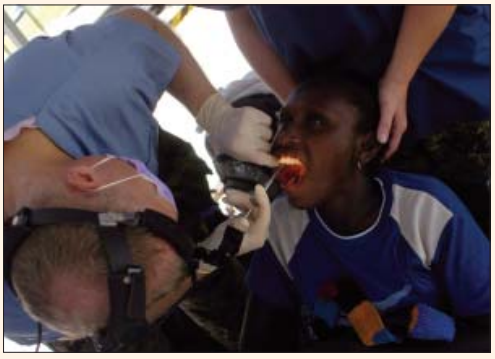
Bifoun, Gabon. CDR David Greenman, left, and CAPT Tom Patton examine a patient during a medical civic action program (MEDCAP). Bifoun was the first of six MEDCAPs conducted during Medflag 07. Medflag is a medical exercise emphasizing joint training with African nations. July 2007. Photo by LT Jonathan Orr, USN



Madang, Papua New Guinea. LCDR Matthew Behil examines a patient for cataracts while a volunteer translator stands by at Ileg Clinic near Madang. The medical civil-assistance program in support of Pacific Partnership was one of the many programs designed to aid the local community. August 2007. Photo by MC3 Bryan M. Ilyankoff, USN

Djubouti, Africa. LCDR Raoul Santos, DC, and HN Lena Redkina, both of Expeditionary Medical Force, provide dental care to a forward deployed sailor. August 2007. Photo by LT John H. Callahan, USN

Bombo, Uganda. Combined Joint Task Force–Horn of Africa Command Surgeon CDR Joel Larcombe instructs members of Uganda's medical team on assessing and treating a wounded patient during the final training phase for Ugandan military personnel who will deploy to Somalia to render medical assistance. July 2007. Photo by MC1(SW/AW) John Osborne, USN



Sasamunga, Solomon Islands. LCDR Jay Geistkemper checks a patient for cavities during a dental civil-assistance program in support of Pacific Partnership. August 2007. Photo by MC3(SW) Sean P. Lenahan, USN

Odessa, Ukraine. Ukrainian marines and Navy corpsmen work together during a medical exercise at the Shiroky Lan training camp during exercise Sea Breeze 2007. Sea Breeze is a 2-week joint invitational and combined maritime exercise held annually in the Black Sea and at various land-based Ukrainian training facilities. July 2007. Photo by MC2 Michael Campbell, USN

Not Beatin' Around the Mulberry Bush

The Life of Clay Aloysius Boland, Navy Dentist and Songwriter

Perhaps the name Clay Boland never reached the peaks of fame as an Irving Berlin or a George Gershwin. But, of Boland, Berlin, and Gershwin, only one could be depended upon to extract your molar, clean your teeth, AND write a hit tune, while serving his country.

Dr. Clay Aloysius Boland was the rare case of a military dentist with a musical opus. His songbook was extensive and included such hits as "The Gypsy in My Heart," "I Like it Here," "Midnight on the Trail," and "Stop Beatin' Round the Mulberry Bush." Though not staples on today's radio, these tunes were covered by a veritable who's who of the swing era, including Count Basie, Bunny Berigan, and Tommy Dorsey.

Born on 25 October 1903, Boland grew up in the anthracite belt of Pennsylvania. He was the youngest of nine children and perhaps the best prepared to escape the grim realities of coal country. His mother was hopeful of this, and being blessed with a predisposition for music, a sister who taught piano, and a desire for the "elsewhere" world, Boland left home for academia in 1920. Following graduation from college in Scranton, PA, he moved to Philadelphia where he spent the next 4 years attending the University of Pennsylvania Dental School. Between lectures on periodontal disease and the theories of orthodontic extraction, Boland wrote "pop" songs and performed them for local radio programs. During summer breaks, he played piano aboard trans-Atlantic cruise ships and entertained the "smart set" in the cafés and clubs of Europe.

The year 1924 was a pivotal one for the young Boland. The University of Pennsylvania offered a prize for a "prom song" which Boland won with the aptly-named tune, "Dreary Weather," a song that promised sunny days ahead for Boland's songwriting career when it was covered by the "Prince of Pep," Fred Waring and his Pennsylvanians.

Music was not a full-time commitment for Boland. In the 1930s, Boland established his own dental practice. "Dad loved music but only through dentistry could he have a steady income," recalled Boland's son, Clay, Jr. "He had a child's practice in Ardmore [PA] and an adult practice in Philadelphia, and on Wednesdays he'd go to New York City to 'sell' his newest songs." In a 1946 *Time* magazine article entitled "Tuneful Dentist," Boland was asked why he never became a full-time songwriter. Dr. Boland stated that he was considering offers to turn "Tin Pan Alley pro" but dentistry was paying him too well.

Even though a dentist first and foremost, his other talent did not go unnoticed by his community. Boland, Jr. related, "Due to my father's ability to write and play music, we were mostly familiar with lesser members of Main Line Society, a number of whom were graduates of the University of Pennsylvania. These were people, like my father, who took the Paoli Local (the "main line") into the city to work and then would return to the suburbs to raise their families. Normally, most of these people here would have nothing to do with Irish Catholic dentists from a coal mining family, but my father's musical talent changed all that."

His popularity among the exclusive "main line" society led to his involvement with Penn's "Mask and Wig" shows.* According to Clay Boland, Jr., "It was natural that

*The Mask and Wig club presents an annual show, semiprofessional in nature, written and staged by graduates, and acted by undergraduates. They are the Penn equivalent of Harvard University's "Hasty Pudding Club" and Princeton's "Triangle Club."

His success with the Mask and Wig shows led to his being elected president of the Penn Alumni club. He used this honor to gain admittance for non-gentiles, such as Moe Jaffe, who had formerly been excluded from membership.

BUMED Archives

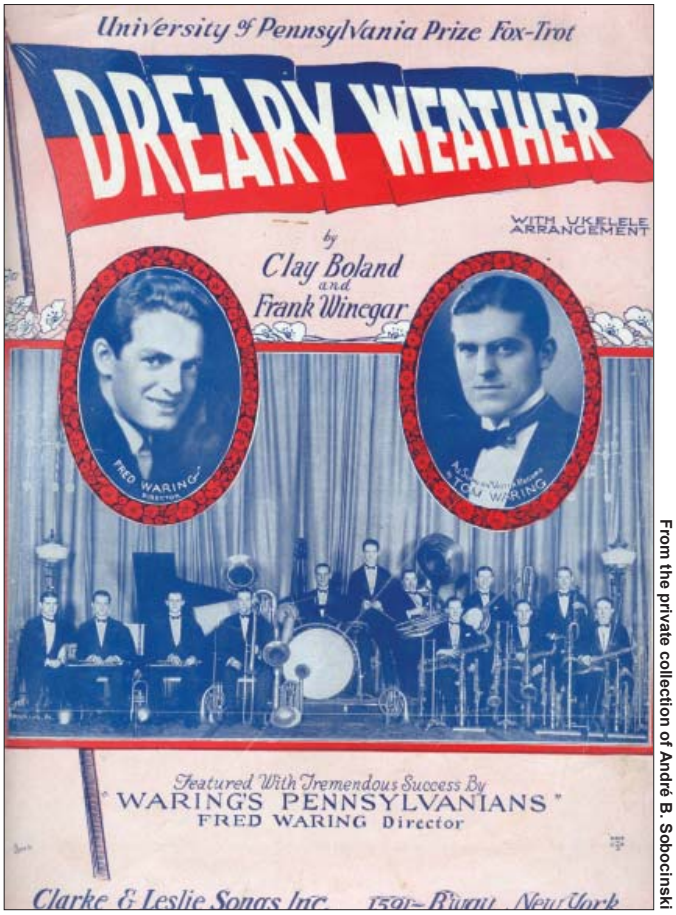
CDR Clay Boland, being presented the Freedoms Foundation Honor Medal for 1950 by the Rev. John Hart for the song "I Like It Here."

they talked his father into writing the scores for almost a dozen shows in the 1930s and 40s." Along the way he developed partnerships with lyricists Eddie De Lange, Moe Jaffe (a Penn Law Graduate), and Bickley Reichner. Moe Jaffe would achieve renown for penning the novelty song, "I'm My Own Grampaw" as well as writing the "Captain Spaulding song" memorably sung by Groucho Marx in the film "Animal Crackers." His tune "Collegiate," was later covered by Chico Marx in the movie "Horse Feathers."

In 1942, Clay Boland joined the U.S. Navy Reserve. His son related, "As with all men and many women, my father wanted to join the war effort and so signed up." Boland first served at the Philadelphia Navy Yard and then in 1943 was assigned to the U.S. Naval Academy in Annapolis, MD. His talents came into great use while serving in Annapolis. He was very popular with the midshipmen and even wrote a show for them that featured Art Lund and the song "Annapolis Memories."** He even wrote a show about John Paul Jones after visiting the crypt where the Navy hero is buried.

In the Navy, Boland's skill on the keyboard was not overlooked by leadership. As Boland, Jr., stated, "He was a definite social asset to his superiors." It has been rumored that one chief of the Dental Corps used Boland's talents at every social occasion. At every Dental Corps soiree one could find Boland singing and playing his songs, sometimes accompanied by the admiral's wife.

Boland retired from the Navy in 1962 while serving at Naval Hospital St. Albans, NY. Sadly, his retirement was



From the private collection of André B. Sobocinski

Songsheet of Boland's "Dreary Weather," with ukulele arrangement by May Singhi Breen.

short-lived. He died in July 1963, and is buried in Arlington National Cemetery.

In remembering his father, Clay Boland, Jr. stated that "throughout my childhood, I would go to sleep listening to my father writing and playing songs and so learned much hypnotically. He insisted that I practice for an hour every morning before catching the school bus. He taught me how to play in his style. And he also introduced me to the piano parts crafted by George Gershwin for his songs—and I also learned not to try to balance two careers."***—ABS

**Art Lund (1915-1990)--An atypical graduate of the Naval Academy, Lund went on to sing in the Benny Goodman and Harry James bands and act on Broadway. In 1947, he reached the music charts with the song "Mam'selle."

***Unlike his father, Clay Boland, Jr. decided not to pursue a career in dentistry. After graduating from the University of Pennsylvania, Boland went on to become a songwriter, arranger, and pianist in New York City before deciding on a career as a teacher. After retiring from his post at Colorado Mountain College, Boland, Jr., refocused his energies on music. He has performed classical and jazz standards in numerous concerts. In 2002, he released an album of interpretations of Ira and George Gershwin songs.—ABS

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Luxury Meets the U.S. Navy

Kevin Bash

Norco, CA, is known as "Horse Town, USA." Surrounded by urban sprawl, this rural oasis is 15 square miles of large land parcels—open space—home to over 20,000 horses. There is, however, another side to this small and genuinely unique town. Two architectural landmarks—the Californian Rehabilitation Center, a medium security prison, and the Naval Surface Warfare Assessment Center—make their home in Norco. Behind barbed wire and Navy security, these structures serve as some of the finest examples of Mediterranean-Mission Style architecture ever constructed. It is hard to believe in the not-too-distant past the buildings served as the a destination point for the greatest Hollywood stars, Olympic Champions, and, later, Pearl Harbor survivors.

Photos courtesy of the author

Naval Hospital Corona

Rex's Folly

In 1920, Norco was an unsuccessful agricultural community. Along came Rex Clark, a former stationery salesman turned land developer, with the good fortune to be married to Grace Scripps, daughter of James Scripps, the powerful newspaper publisher. Backed by her money, Clark bought Norco with the idea to develop and sell chicken ranches. The fledgling township flourished as Clark laid roads, created a manufacturing center, and dug wells to supply cheap water. It was in the course of digging just such a well that a plentiful supply of hot mineral water was found and the Norconian Resort was born.

In 1927, Rex Clark began to "build the finest resort and mineral hot springs spa in America." Two years later, Clark installed a 60-acre lake, a marvelous pavilion/casino and boathouse, a chauffeurs' quarters, a 100-car garage, a full service laundry, a state-of-the-art power house, an airfield, one of the finest golf courses on the West Coast, American Athletic Union (AAU) qualifying diving and swimming pools, indoor swimming pools, riding trails, tennis courts, a fabulous "Tea Room," and a magnificent 250-room hotel complete with stunning dining room, lounge, and ballroom.

Called "The Norconian," this facility opened its doors on 2 February 1929, and became an instant success with the rich and famous. Many movie stars flocked to the resort. It was not unusual to see Charlie Chaplin playing tennis, Clark Gable driving to the local gun club, Buster Keaton on the golf links, Norma Shearer riding horseback, or Will Rogers and Wiley Post giving plane rides to local kids. MGM, Fox, and Disney Studios all held annual picnics on the site. The lake was used as a raceway where some of the best speedboat racers in world practiced their craft. The outdoor pools, the only AAU qualifiers in Southern California until the 1932 Olympics, attracted the finest Olympic divers and swimmers and witnessed several national and world records.

Unfortunately, the Norconian Resort Supreme never made a nickel. The Great Depression was devastating to both the resort and the town of Norco. The club struggled into the early 1930s, moving from a year-round club to a seasonal resort, to sporadic openings and closings. Clark's $4,500,000 dream soon became known as "Rex's Folly." By 1940, the club was suffering labor problems and

hounded by creditors. Clark secretly put the resort on sale for the asking price of $2,000,000.

By early 1941, the nation knew it was going to war, the draft was in effect, and military bases were slowly being manned with ill-equipped troops. The U.S. Army was the first to approach Clark with the idea that his resort would make an outstanding hospital; the offer reportedly was $1,800,000. Then, in mid December, it was announced that the Navy, also with the intention of converting it to a hospital, had agreed to Clark's asking price. Unfortunately for Clark, some in congress felt the price tag was too high and instead of payment, the government instituted a condemnation suit to determine the resort's worth. The new offer was $850,000. Clark fought the Navy in Federal Court and was ultimately victorious, though his second wife claimed years later that only $400,000 was received.

Eleanor Roosevelt visiting a patient at Naval Hospital Corona

Naval Hospital Corona Established

On 2 January 1942, Captain H.L. Jensen, MC, USN, took command of Naval Hospital Corona. Initially, patients were housed and treated within the former hotel building. The mineral spas were used as hydrotherapy units, hotel rooms became operating and patient rooms, the ballroom, a full ward, and the former chauffeurs' quarters, home to Navy personnel. By 1 May 1942, it was reported that most of the patients, totaling around 100, were wounded from the attack on Pearl Harbor.

In the midst of World War II, massive changes were in progress at the former resort. A three-wing, five-story ward building was opened in April 1942, and prompted a visit by none other than First Lady Eleanor Roosevelt. The hospital was "designated a respiratory disease center" and "a complex of 15 one-story interconnecting isolation ward buildings" were built on the eastern edge of the golf course. The wards' open porches provided the "fresh air and sunshine" needed to treat rheumatic fever, malaria, polio, and tuberculosis.

Eventually the hospital complex included officers, nurses, waves, and corpsman quarters, two theaters, an additional weaving complex of wards (known as "Splinterville"), gymnasium, chapel, and dozens of maintenance and service buildings. Still in use from the old resort were the hotel, power station, garage, laundry, and lake pavilion. By 1945, close to 5,000 patients were being treated at the site.

According to news articles, the naval hospital may well have been the first to have used penicillin to treat tuberculosis complications. Other achievements included groundbreaking advances in the treatment of polio and rheumatic fever, the development of prosthetic devices, occupational and physical therapy, and the first "Atomic powered, hand-held x-ray device." Wheelchair basketball may or may not have begun at the hospital but most certainly it was given a boost on the wheels by the hospital's "Rolling Devils." With an eye toward rehabilitation, Dr. Gerald Gray, known as the "Father of Wheelchair Basketball," put together teams that took on all comers. The team was described by one fan as "unbeatable" and "Globetrotters on wheels."

Hospital Patients Receive Community Support

Throughout World War II, Gray Lady Corps and Navy mothers spent countless hours visiting patients, supplying baked goods, and providing transportation.*

Hollywood and the Naval Aid Auxiliary quickly came forward and forgotten star Kay Francis was put in charge of organizing visitations to patients at the Corona Hospital. For the duration, every Thursday, Kay Francis and/or a few of "her friends" would pay a visit to Corona. Her friends included Cary Grant, James Cagney, Bing Crosby, Marlene Dietrich, Bob Hope, Clark Gable, and The Three Stooges, to name a few. Harry James and Jack Benny both broadcast radio programs from the hospital theater.

After the war, the patient load naturally diminished and, in 1949, only weeks after announcing the completion of $15,000,000 in renovations and improvements, the naval hospital was closed and stripped.

In 1951, during the Korean War, the hospital was re-opened. The Navy spent $2,000,000 to replace what

*Originally begun in 1918 at Walter Reed Army Hospital, the "Gray Ladies" or the Hostess and Hospital Service and Recreation Corps of the Red Cross, were volunteers who provided friendly, personal services of a non-medical nature to sick, injured, and disabled patients in American hospitals, other healthcare facilities, and private homes. Their uniforms consisted of gray dresses with gray veils.

had been carted off for pennies only years before. Finally, in 1957, again ignoring widespread pleas that the facility was needed and necessary, Naval Hospital Corona was closed for good.

In 1963, the old hotel/ hospital campus was partitioned. Ninety-four acres were cut away for use as the Naval Surface Warfare Assessment Center; the former hotel, hospital wing, "Splinterville," chapel, theater, and gymnasium were turned over to the California Rehabilitation Center, a place to "cure those addicted to drugs." In 2000, 19 buildings of the old hospital complex were placed on the National Register of Historic Places, but, unfortunately, that means little with regard to preservation. The main hotel was deemed "too costly" and abandoned in 2002. This "national treasure" has been officially declared a "Black Building," meaning the structure is sealed up and permitted to die from the inside out.

Film star Kay Francis, left, with Constance Bennett, in 1944. As "director of entertainment" at Corona, Francis spent untold hours at the Navy hospital.

Remarkably, the old hotel, despite 80 years of service and renovations as a hospital and prison, looks much as it did in 1929; fabulous paintings and murals cover the ceilings, exquisite and colorful tile is everywhere, and dozens of priceless chandeliers collect dust. Even the bathroom mirrors still bear the initials LNC—Lake Norconian Club. Unfortunately, rainwater is now working into the interior; the building occupants are feral cats, possums, and raccoons. Already much has been destroyed. Recently, a group of citizens banded together with the idea that the state has a legal obligation to maintain this building. The Navy, after years of preservation efforts, is also now abandoning historic buildings and demolitions are being scheduled.

Sadly, it is quite likely that one of the finest examples of 1920s Mediterranean, California Mission Revival Style Architecture, a site with an unequaled state and military history, will soon be no more, a ghost found only in the pages of a dusty book.

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"I Canceled My Policy!"

Bill Henry became an officer through the Officer Candidate School and was commissioned into the Marine Corps Reserve in 1966. Following a bout with collapsed lungs and subsequent lung surgery at the National Naval Medical Center in Bethesda, MD, he didn't arrive in Vietnam until November 1967. He soon found himself in command of 2nd Platoon, Hotel Company, 2nd Battalion, 3rd Marines. For 3 months the battalion patrolled an area south of Danang and south of Marble Mountain, encountering sniper fire, booby traps, and other enemy-harassing activity.

At the end of the Tet Offensive of 1968, Henry and his Marines began patrolling farther north near Phu Bai and the DMZ. Henry's battalion participated in Scotland II, an operation to the west of Khe Sanh. They were given the grim task of recovering 40 bodies who had been casualties of an ill-fated patrol—Charlie Company, 1st Battalion, 9th Marines. The remains—thought to be on the side of a hill and in enemy territory—had already been on the ground for 6 days.

The recovery operation was well planned with two or three battalions involved. After the hills were secured, Henry's unit was ordered to follow and recover the remains. A helicopter would then fly the body bags out.

But the plan went terribly awry. With the assigned unit unable to secure the hill, Henry's platoon, which expected to complete its mission very quickly, was forced to spend the night without equipment—even to dig foxholes to secure themselves. Enemy artillery rained down on the platoon causing many casualties. LT Henry was one of them.

I initially did not experience very much pain considering that a fragment went through the center of my right foot, another through my right back, and I had burns up my left arm. Most people suspected it was a 105mm artillery round. I didn't have any remnants of shrapnel left in me; everything that hit me went through me.

The corpsman couldn't get my shoes off, but he packed the wounds to try to slow the bleeding and wrapped my chest as well. Then I was hauled in a poncho back up the hill. A gunship, which was flying in support of our mission, dropped down and picked me up. They threw me on the floor and a gunner put his foot in my back to hold me in. We then flew about 2 miles back to Khe Sanh.

When we got there, the helicopter landed right outside the door of the aid station and men ran out with an empty litter and pulled me onto it. From the time the helicopter hit the ground, no more than 15 seconds went by before they were out, had me on the litter, and had me back down into a shaft leading into the aid station [Charlie Med].

By virtue of having been at Bethesda, I was well experienced with the Navy medical system and understood how corpsmen, doctors, and nurses worked so well together. When I was taken deep into this aid station at Charlie Med, a very senior corpsman looked at me and saw I was an officer. He said, "Well, Lieutenant, it looks like you're going to have an occasion to use your Blue Cross/Blue Shield."

I looked up at him and said, "You know, Doc, when I got my Navy doctors, I canceled my policy!" And that just broke everybody up.

The medical staff took great pains to clear away the boots and clothes and were able to attack the wound in an effort to stop most of the bleeding, which was very serious. They had a tremendous amount of work to do. The shrapnel that hit my foot went through my boot. I'm sure they did a fair amount of debriding because just to get the boot off my foot would have required a great deal of cutting

and hacking. Then they tried to remove the leather pieces from my foot. It was a real mess.

I was probably at Khe Sanh for a few hours before they took me out on another helicopter to Dong Ha. I recall a huge concrete slab out at a triage unit with water hoses and brushes.

I did not receive any shots for pain until I immediately went into debriding surgery at 1 o'clock in the morning. Mind you, I had been hit in the field about 2 o'clock in the afternoon.

The doctor singled me out to go in for surgery and said that I was bound to have internal damage. I said, "Doc, you picked the wrong one. I'm okay. I've had the upper lobe of my left lung taken out. I know what it feels like to have something wrong inside, and there's nothing wrong in there.

He said, "It can't be. "The shrapnel round hit the big muscle that goes down your back."

He took me into X-ray, and it turned out that I did not have any internal damage.

The shrapnel had entered my chest underneath my arm and went straight across my rib cage from right to left from under the arm around to the back. It then exited just before the backbone. It was like a fillet knife had scraped the rib cage off. It was that close. The doctor said that if that shrapnel had been an eighth of an inch closer, it would have sent those bones into my chest cavity and I wouldn't have had a chance. It actually didn't go inside the ribs at all. It just went through the meat and took all the muscle out—tore that muscle out.

After the x-ray, they put me aboard a C-130 with a lot of other casualties and headed to Phu Bai. From there, they sent me to Danang to be evacuated from the country. I went to the 249th Army General Hospital in Tokyo because the big Navy hospital in Japan—Yokosuka—was full.

Then I went through another debriding surgery. I had "wound care" three times a day. The corpsmen or nurses pulled out the gauze from the wounds, poured in peroxide, and used tweezers or forceps to remove all the dead skin or tissue from the foot. Then they would repack it.

It was quite a scary procedure because I had recalled that one of our corpsmen had been seriously wounded just south of Danang in mid-March, and he contracted gangrene and died. It just had me horrified that I was not getting correct wound care. I was insistent upon having my wounds checked to make sure they stayed clean. And it was a very painful routine to pull that gauze from those wounds and have peroxide poured in every day.

BUMED Archives

Hospital corpsmen stabilize a casualty at a battalion aid station.

I went home on an Air Force C-141 that had stacks and stacks of litters against each side and down the middle. I wound up at Millington [Naval Hospital Memphis], TN, which was the closest hospital to my home in Mississippi. I was assigned to the SOQ [Sick Officers Quarters]. And as was the practice, every time you changed hospitals a doctor had to be present when the wounds were opened, and he had to prescribe the new round of medications. Nurses and corpsmen didn't have the authority to see the first one. When I got assigned and was sent to the ward, I kept screaming to get my wounds checked because it had been a full day of travel, and I had not had my wounds opened and looked at.

It was on a weekend when I got into the hospital, and very few doctors were around. An internist was on duty, but he didn't know much about orthopedic care. I know that for a fact because where it used to take 15 minutes to bubble those gauzes out of my foot, he reached down with one hand and pulled that gauze out. This old hospital I was in had the pipe running down the roof of the building. I thought I could reach that pipe when he grabbed those pieces of gauze and pulled them out. It was pretty brutal.

I went through some fairly extensive surgeries. Having previously had some surgery at Bethesda, I knew the

status of the hospitals. Bethesda was one of the best in the world. I was sad that I didn't get assigned to go back there. But, as it turned out, a young orthopedist from Wisconsin named Dr. George Lucas was at Millington. My foot was so destroyed that you could put your hand or finger in the top of my foot and touch the bottom layer of skin all the way across my foot. He brought the bones back and overlapped them some way. I'm not exactly sure what he did. Nevertheless, he reconstructed my foot—which is unbelievable. The foot is intact but I have a big hole right in the middle of it, and the center of the arch to the front is turned outward. To this day it still works although I experience some pain and swelling from time to time. He was just a phenomenally talented man.

LCDR George Lucas was an orthopedic surgeon on the staff of Naval Hospital Memphis, TN, located in Millington. He graduated from medical school in 1961 and was drafted into the Navy. When he arrived in Millington, Lucas had had only 1 year of practice under his belt, but he was immediately named chief of orthopedics. The physician he was replacing had just left for Vietnam.

I acquired a lot of experience in orthopedics during the 2 years I spent in Memphis. But I also developed an interest in hand surgery at that time, and that's basically what I've done ever since. Part of that interest was fostered by the wounded from Vietnam who showed up at Millington. I began specializing in hand wounds and peripheral nerve injuries when I was in the service.

At Millington, we received airevac patients practically every day—and in every stage of injury. The most common injuries were compound leg fractures resulting mostly from mines. But we saw a lot of upper extremity injuries such as gunshot wounds that would knock out the medial or radial nerve.

If the injuries looked like they were going to take many months to heal, those people would be boarded out and sent to a Veterans Hospital. But I did a fair bit of reconstructive upper extremity procedures that could be resolved in a few months, such as stabilization of hand fractures.

I was the only orthopedist who was fully trained, although I usually had three other people with me. These were guys who were just out of medical school and might have had a year of internship. So the three or four of us ran the service. The hospital at that point was manned mostly by reservists since the regulars had gone to Vietnam.

As I recall, Bill Henry had a severe foot injury and actually lost a part of his foot, which was going to be a problem in terms of walking and running. That outlook was devastating to him. We did some skin grafts and stabilized his fractures but he lost part of his foot. I think he had three or four procedures and achieved some mobility as a result of our work.

I remember one interesting sidelight about this patient. I came from Wisconsin. I had trained in Wisconsin and was practicing in that state when I got drafted. Three or four newly minted nurses who had just finished nursing school were at Millington at the time. The Navy had sponsored their education so they owed the Navy a few years. They showed up at Millington and because they were from Wisconsin, I got to know them rather well. Henry ended up falling in love with one of these girls and married her. They were married while he was still in our custody and I went to their wedding. It was a Catholic wedding and they had to kneel at the altar. When they finally stood up and marched out of the church, he was limping. I said, "Gee, Bill, you're going to ruin my reputation by limping in front of all these people."

Answers to SG Quiz page 5: 1. William Wood. 2. 5-USS *Presley Rixey*, USS *J. Rufus Tryon*, and three ships named *William Wood.* 3. 2-Presley Rixey and Ross McIntire. 4. Thomas Harris and Andrew Jackson, Jonathan Foltz and James Buchanan, Presley Rixey and Theodore Roosevelt, and Ross McIntire and Franklin Roosevelt. 5. Thomas Harris and War of 1812, William Wood and Mexican War, Percival Rossiter and Philippine Insurrection, Donald Arthur and Gulf War, Michael Cowan and Somalia, Donald Custis and World War II, James Palmer and Civil War. 6. William Paul Crillon Barton. 7. William Grier, born in Ireland. 8. Ten. 9. Eight from the state of Pennsylvania. 10. Presley Rixey appeared in "President McKinley" (1899). 11. William Barton and USS *Brandywine;* James Palmer and USS *Hartford* Wilkes Expedition; Jonathan Foltz and USS *Niagara;* Joseph Beale and USS *Hartford* did not serve on any of these cruises. 12. Phineas Horwitz. 13. William Wood was given the rank of Commodore with the title of Surgeon General in 1871. 14. William Van Reypen in 1899. 15. Robert Brown (McIntire received a temporary third star in 1944 because of his role as White House physician). 16. C. 12 years (William Whelan 1853-1865. Dr. Whelan died in office). 17. A. 18 days (Dr. Newton Bates died of pneumonia 18 days into his term).

Book Review

On Call In Hell by CDR Richard Jadick, MC, USN. Penguin Books, New York, NY. 2007, 275 pages.

The setting is the 2004 Battle of Fallujah, Iraq, the site of the most brutal urban warfare American troops have faced since the Marines recaptured Hue City from the North Vietnamese and Viet Cong during the 1968 Tet Offensive in Vietnam. The book provides the perspective of LCDR Richard Jadick, then a 38-year-old former Marine officer turned Navy physician. With 2 years of Navy postgraduate surgical training. Jadick had stepped away from a "safe" regimental surgeon position to return for his second "on-the-ground" tour in Iraq as the medical officer with the 1,000-man 1st Battalion, 8th Marine Regiment (1/8). His narrative is a candid, unglorified, and gut-wrenching account of the devastation and horrific circumstances that compelled a group of young inexperienced Navy corpsmen to "come of age" amidst the combined impact of death and human destruction. Their encounter with urban warfare involved their friends and comrades, all mixed with both the sounds of exploding ordnance and the sights of random body parts. Punctuating the horror were the smells of cordite explosive, blood, human excrement, and scattered brain tissue.

This is not just another book outlining the heroic details of military conflict. Rather, it is a chronicle of an adaptive concept not yet ingrained in warfare doctrine, but what should be a realistic necessity in urban warfare. In Fallujah, Jadick's unit decided to move medical and resuscitative care to a level far forward of the doctrinal battalion aid station and set up the equivalent of an emergency room right in the middle of the battlefield. They did this because the time required for traditional means of casualty extraction would have been excessive considering the narrow alleyways and buildings comprising the complex urban setting where they were operating. Even though 1/8 experienced the most intense combat, they were able to save more than 30 Marines who would likely have died on the long tortuous route back to surgical centers behind the lines. And they accomplished this amidst the hundreds of casualties generated by the Fallujah battle.

The medical team achieved this success not only due to the committed efforts of 1/8's corpsmen but because the team was much closer to the action. The decision to insert the forward aid station was theirs. It was only later that senior officers began to inquire as to why Marines from so many units ended up being cared for by the 1/8 medical team. How did they survive this ordeal under intense and hostile fire while still rendering far forward medical care with skill and dignity. And this despite their own fears and physical exhaustion? The answer, self evident to any reader, is clearly leadership!

Jadick relates that during combat planning for Fallujah, the operations officers all met, and likewise the battalion combatant commanders all convened. All pondered the plan until everyone knew it "inside and out." Yet despite spending almost 7 days together as a unit at Camp Fallujah prior to the invasion, the doctors were never invited to sit down together, as officers, with the leaders to discuss an overall scheme of maneuver for casualty evacuation. Instead, a plan was presented to them which they were expected to follow. Why was a meeting not held to discuss a regiment-level medevac plan with the battalion surgeons? Why didn't the combat arms officers trust their medical officers sufficiently to include their input? (It is of historic interest that in preparation for the U.S. intervention in Grenada in 1983, combat support planners, including medical representatives, were likewise excluded from initial operational planning. Consequently, no estimate of logistical support was completed prior to execution, and the required medical support system never developed.)

Jadick posits an existing collateral issue: an instinctive lack of confidence among the war fighting combat arms officers regarding the leadership capabilities of Navy medical officers. One wonders whether some personnel already possess the required leadership capabilities. Can these skills otherwise be taught in a classroom and reinforced by electronic tutorials as are utilized in military schools and professional acquisition programs? These questions leave the reader with much to ponder with respect to Navy medical recruiting and retention.

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Navy Medicine 1951

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On an inspection tour in South Korea, Surgeon General H. Lamont Pugh reunites with his son. “I’d gladly trade my rank for your youth.”

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